FEDERAL BUREAU OF PRISONS HEALTH SERVICES

NATIONAL FORMULARY

2006



/s/
APPROVED RADM NEWTON E. KENDIG, M.D.
MEDICAL DIRECTOR, FEDERAL BUREAU OF PRISONS

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National BOP Formulary Mission / Procedural Statement

Purpose:

The formulary system, as defined in the "ASHP Statement on the Formulary System," is a method for evaluating and selecting suitable drug products for the formulary of an organized health-care setting.

The BOP formulary is a list of medications that are considered by the organization's professional staff to ensure high quality, cost-effective drug therapy for the population served. As members of the Pharmacy, Therapeutics, and Formulary Meeting, defined healthcare staff are responsible for the development, maintenance, and approval recommendations of the formulary to the BOP Medical Director. Periodically, medications are reassessed and extensively reviewed for inclusion, exclusion, or restrictions in the formulary as applicable per current evidence-based practices and security concerns. Regular maintenance of the BOP formulary ensures that optimal treatment options are uniformly consistent and readily available.

Optimization of therapeutic outcomes, costs related to the drug use process, and ensuring conduciveness within the correctional environment are the primary goals of BOP Formulary management.

Expectations:

- 1. <u>ALL BOP institutions</u>, including Medical Centers, are expected to abide by the formulary as outlined in the BOP Pharmacy Services Program Statement. It is expected that persons in the review process will NOT be circumvented in the event of a short term absence for non-urgent requests.
- 2. It is expected that <u>ALL comments</u> made on the request are medically appropriate and of a nature conducive to being placed in the medical record.
- 3. It is expected that non-urgent non-formulary medications will not be initiated until AFTER authorization is received, even if medication is on the shelf from a previous request. Doing so can be deemed an unauthorized procurement.
- 4. Prescribers (BOP Physician / MLP / Dentist) are expected to thoroughly justify the request including why the formulary agent cannot be used, and provide pertinent laboratory information. It is expected that non-formulary use criteria will be thoroughly addressed point by point on the form and the justifications/criteria are met.
- 5. <u>Clinical Directors</u> are expected to support the BOP National Formulary and ensure compliance at their respective

institution. The CD is expected to review all requests ensuring that appropriate justification and corresponding non-formulary use criteria are met. It is expected that the CD will allow the pharmacist to appropriately comment and provide pertinent information on the request even if not supportive. It is expected that the CD will disapprove, at the local level, any request which does not meet the non-formulary use criteria.

- 6. Institution Chief Pharmacists are expected to review all medication orders for formulary compliance. This will include reviewing all non-formulary requests for completeness and appropriate justification, and, if applicable, commenting on information provided by the prescriber regarding non-formulary use criteria. The pharmacist is also expected to provide pertinent information regarding patient compliance for formulary agents, drug cost information, and other comments as they pertain to the request.
- 7. <u>Institution Administration</u> (HSA, Associate Warden, and Warden) are expected to support and ensure compliance with the BOP National Formulary by basing administrative decisions regarding medical care consistent with the BOP National Formulary, that do not conflict with the medically necessary provision of medications and restrictions set forth in the BOP National Formulary.
- 8. <u>Consultant Physicians</u> are expected to utilize and stay within the guidelines of the BOP National Formulary when making recommendations and to provide specific and adequate justification if formulary medications cannot be utilized.
- 9. <u>Court Orders</u>: It is expected that court orders from judges are seen as recommendations only, as judges cannot order specific treatments. Case law does not exist which would authorize specific treatments from judges. Such cases should be referred to the appropriate attorneys. All such recommendations are still subject to the non-formulary approval process.
- 10. It is expected that all <u>institution inventories</u> and ordering procedures will be conducive to acceptable inventory practices (e.g. two week par levels on the shelf maintained with weekly medication ordering).

Consequences:

 Appropriateness of non-formulary medication requests are a review element of the Clinical Director Peer Review Process. On rare occasions, findings in this area may affect renewal

- of the CDs privileges.
- 2. The Medical Director may issue memos to the CD requesting response and corrective action. These memos may be prompted by consistent failure of the institution staff to appropriately complete all elements of the non-formulary request, particularly the required supporting documentation.
- 3. The Medical Director may issue memos to the institution Warden regarding persistent problems or concerns regarding the institution's compliance with this process, particularly if the CD fails to address the concerns raised in step 2.

DEFINITIONS / RULES

FORMULARY RULES

- **BRAND NAME PRODUCTS ARE FOR REFERENCE ONLY**
- **THE LEAST EXPENSIVE GENERIC EQUIVALENT IS TO BE UTILIZED WHEN AVAILABLE,
 OTHERWISE NON-FORMULARY APPROVAL IS REQUIRED**
- **USE AGAINST SPECIFIC RESTRICTIONS REQUIRES NON-FORMULARY APPROVAL**
- **USE OF FORMULATION NOT SPECIFICALLY INCLUDED (E.G. EXTENDED RELEASE, NASAL, TOPICAL, OPHTHALMIC, RAPID DISSOLVE TABLET, COMBINATION PRODUCT, ETC) IS NOT AUTHORIZED; REQUIRES NON-FORMULARY APPROVAL**

DIRECTLY OBSERVED THERAPY

A single dose of medication is administered at Pill Line by a qualified employee, and that dose is consumed in the presence of the employee.

MAY BE DISPENSED WITH OTC LABELING

A medication with this restriction may be distributed to an inmate without affixing a prescription label as long as the medication contains proper OTC labeling that contains the drug name and strength, units contained in the package, expiration date, lot number, manufacturer, and common instructions for use.

PILL LINE ONLY

A restriction placed on controlled substances, psychotropics, TB medications, and some other drugs, requiring that a single dose of the drug be administered to an inmate by a qualified employee at a designated time and place. The administration of that dose must be recorded on a Medication Administration Record (MAR) by the employee.

PHYSICIAN INITIATION ONLY

A restriction placed on some medications requiring that a physician be the originator of that drug therapy. This restriction implies that a Mid-Level Provider may continue this medication for the inmate at a later date without obtaining the physician's written or oral approval.

PHYSICIAN USE ONLY

A restriction placed on some medications requiring that a physician sign the medical record each time this drug is prescribed. Subsequent medication orders for this drug must also include the signature of a physician.

MEDICAL CENTER ONLY

A restriction placed on some medication requiring that the use of

this drug only be within a Federal Medical Center.

HIV ANTIRETROVIRAL MEDICATION DISTRIBUTION RESTRICTION

A staged administration of antiretroviral medications is recommended for most inmates. Complete adherence to antiretroviral medications is critical for treatment effectiveness. The following medication administration should be considered for inmates initiated on antiretroviral therapy:

Weeks 1 and 2: Directly Observed Therapy (DOT), to monitor compliance and ability of inmate to tolerate medication.

Week 2 through 12: If compliance is 100% with above with manageable side effects; issue one week supply.

Week 12 thru 6 mo: If compliance is 100% with one week supply administration and side effects are manageable, inmate is not due to be transferred, and does not have history of going in/out of SHU; issue 2 week supply.

After 6 months:

If above criteria are met at 6 months and inmate's viral load and CD4 counts are indicative of successful therapy; issue 4 week supply. Ensuring successful therapy prior to increasing days' supply to inmate will avoid wasted medications from therapy changes.

NOTE: Physicians and nurses incorrectly predicted adherence to antiretrovirals 30-40% of the time in one study. Adherence should be assessed using objective measures.

Prescribers and pharmacists should have low threshold for resuming DOT if nonadherence is suspected clinically or virologically.

MEDICATION RESTRICTIONS

Prescribing restrictions placed on certain medications. Variance from restrictions requires non-formulary authorization.

LOOK ALIKE / SOUND ALIKE MEDICATIONS

The Joint Commission on Accreditation of Health Care Organizations continues to revise and publish National Patient Safety Goals regarding Look Alike / Sound Alike medications. Look Alike / Sound Alike medication lists are available, including a list compiled by JCAHO utilizing FDA, ISMP (Institute of Safe Medicine Practices), and USP (United States Pharmacopeia) lists.

Each BOP institution needs to incorporate look-alike / sound-alike drugs into the agenda of the local Pharmacy & Therapeutics Committee Meetings. The discussions, decisions, and respective local policy must follow the requirements set forth in the current JCAHO National Patient Safety Goal. Recommendations and options are also provided for identified medications.

This responsibility is deferred to the local level due to the varying missions of our institutions (e.g. Medical Referral Center, ambulatory institution, Detention Centers, implementation of levels of care) and not all institutions carry exactly the same items from the BOP National Formulary.

RESOURCES

Joint Commission on Accreditation of Health Care Organizations
www.jcaho.org

Institute of Safe Medicine Practices
www.ismp.org

JCAHO National Patient Safety Standard Goal, Improve the Safety of Using Medications, Look-Alike / Sound-Alike element www.jcaho.org/accredited+organizations/patient+safety/05+npsg/lasa.pdf

USP Quality Review Publication: http://www.usp.org/pdf/EN/patientSafety/qr792004-0
4-01.pdf

NON-SUBSTITUTABLE PRODUCTS

GENERIC DRUG NAME REQUIRED BRAND PRODUCT

ESTROGENS, CONJUGATED Premarin™ (Wyeth-Ayerst)

PHENYTOIN SODIUM, Dilantin™ (Parke-Davis)

EXTENDED RELEASE CAPSULE

QUINIDINE GLUCONATE, Quinaglute™(Berlex)

SUSTAINED-RELEASE TABLETS

THEOPHYLLINE, Theocron™ (Inwood

EXTENDED RELEASE TABLET Pharmaceuticals)

WARFARIN SODIUM Coumadin™(DuPont

Pharmaceuticals)

PURIFIED PROTEIN DERIVATIVE Tubersol™

LEVOTHYROXINE SODIUM Levothroid™

NIFEDIPINE Adalat CC™

NIACIN Niaspan™

CONTROLLED SUBSTANCES AND RESTRICTED MEDICATIONS

DEA SCHEDULE II
CODEINE
FENTANYL
MEPERIDINE
METHADONE
MORPHINE SULFATE
OPIUM & BELLADONNA SUPPOSITORY
OXYCODONE ± ACETAMINOPHEN
OXYCODONE

DEA SCHEDULE III
CODEINE/ACETAMINOPHEN
NANDROLONE
THIOPENTAL SODIUM

DEA SCHEDULE IV
BUTORPHANOL1
CHLORAL HYDRATE
CLONAZEPAM
LORAZEPAM
MIDAZOLAM
PHENOBARBITAL

- ** ALL CONTROLLED SUBSTANCES ARE RESTRICTED TO PILL LINE **
- ** IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION **
- ** IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM **

NON-CONTROLLED SUBSTANCES RESTRICTED TO PILL LINE

METHICILLIN RESISTANT STAPH AMITRIPTYLINE AUREUS (MRSA) TREATMENT ARIPIPRAZOLE BENZTROPINE MESYLATE trimethoprim-sulfameth CHLORHEXIDINE GLUCONATE clindamycin CLOZAPINE doxycycline DESIPRAMINE rifampin DIPHENHYDRAMINE ORAL (NF) ciprofloxacin DISULFIRAM gatifloxacin DOXEPIN minocycline (NF) levofloxacin (NF) ETHAMBUTOL ETHIONAMIDE linezolid (NF) MIRTAZAPINE FLUPHENAZINE GABAPENTIN (NF) NORTRIPTYLINE HALOPERIDOL NUTRITIONAL SUPPLEMENTS HIV MEDS IN CONJUNCTION W/ OLANZAPINE FUZEON (NF) OXCARBAZEPINE (non-seizure HYDROXYZINE ORAL (NF) indications) PAROXETINE IMIPRAMINE PERPHENAZINE ISONIAZID PRIMIDONE LITHIUM LAMOTRIGINE (non-seizure PYRAZINAMIDE indications) OUETIAPINE LINEZOLID (NF) RIBAVIRIN LEVETIRACETAM (non-seizure RTFAMPTN indications) RISPERIDONE LOXAPINE SERTRALINE TRAZODONE TRIFLUOPERAZINE TRIHEXYLPHENIDYL TOPIRAMATE (non-seizure indications)

* NF = Non-formulary

** ALL ITEMS ON THIS PAGE ARE RESTRICTED TO PILL LINE
ADMINISTRATION. THE PHARMACY AND THERAPEUTICS COMMITTEE
AT EACH INSTITUTION SHALL DETERMINE WHICH ADDITIONAL
MEDICATION ITEMS ARE TO BE PLACED ON PILL LINE. HEALTH
CARE PROFESSIONALS MAY ALSO PLACE SPECIFIC PATIENT ORDERS
ON PILL LINE**

VENLAFAXINE ZIPRASIDONE

ANY MEDICATIONS USED TO TREAT TUBERCULOSIS (INCLUDING QUINOLONES AND OTHER ANTIBIOTICS NOT LISTED ABOVE) MUST BE GIVEN BY DIRECTLY OBSERVED THERAPY. IF NOT USED FOR TB (E.G. RIFAMPIN FOR MRSA), THEY ARE NOT RESTRICTED TO PILL LINE

Clinical Criteria/Justification to be Met for Commonly Requested Non-formulary Medications:

Adlimumab (Humira™) - See Immunomodulator TNF Inhibitors

Adult Attention Deficit Hyperactivity Disorder Medications / Treatment: bupropion (Wellbutrin™), atomoxetine (Strattera™), methylphenidate (Ritalin™), amphetamine / dextroamphetamine (Adderall™ / Dexedrine™)

- 1. Failure of non-pharmacologic / Education & Counseling / Psychology Referral to include individual therapy to learn coping, organizational, prioritization, and anger management skills for minimum of 6 months.
- 2. Failure of ALL formulary noradrenergic re-uptake inhibitors after ADEQUATE trials for a minimum six weeks. Patient self reported trials of medication regimens and doses will not be accepted. All medication trials must have occurred and been documented within the BOP.
 - a. desipramine/imipramine
 - b. nortriptyline
 - c. venlafaxine
- 3. Submitted documentation must include/show the following:
 - a. copy of full psychiatric and psychological behavioral function evaluations
 - b. evidence (with specific examples) of inability to function in the correctional environment (e.g. incident reports)
 - c. doses of formulary medications have been maximized
 - d. six week minimum trial of medication occurred at maximized dose
 - e. copy of Medication Administration Records (MARs) showing compliance at maximized dose for minimum six week trial
 - f. lab reports of plasma drug levels for desipramine/imipramine and nortriptyline
 - g. history of drug abuse including type of
 drug (e.g. stimulants, opiates,
 benzodiazepines, etc)
- 4. Additional Notes:
 - a. Only approved on pill line
 - b. long acting stimulants will NOT be

- approved.
- c. Contingent to formulation compatibility, stimulant medications will be **crushed** prior administration
- d. Stimulant medications (including atomoxetine) will be our last drug of choice and will only be approved if function is significantly impaired.
- e. The use of a stimulant in persons with a history of stimulant **drug abuse** will not be approved.
- f. pemoline (Cylert™) will not be approved due to the association of serious, possibly life threatening hepatic failure and the availability of other stimulant medication if warranted.

Alfuzosin (Uroxatral) - See Tamsulosin (Flomax™)

Amantadine (Symmetrel™)

- 1. Parkinson's Disease / syndrome
- 2. Drug induced extrapyramidal reactions not responsive to trihexyphenidyl or benztropine.
- 3. Institutional influenza outbreak approval will be considered on a case by case basis **AFTER** discussion with the National Infectious Disease Coordinator or Chief Physician. Upon determining appropriateness per the CDC guidelines the institution will be advised to apply for non-formulary approval.

Approval of any non-formulary antiepileptic medications will be considered on an individual basis. When requesting approval please provide information necessary for evaluation of the request. This will include:

- 1. Previous medications, doses, and documented compliance; blood levels when appropriate.
- 2. EEG or clinical evidence of failure to achieve seizure-free state.
- 3. Documented adverse effects of formulary medications.
- 4. Results of any neurologic consultations.

Please be aware that many of the antiepileptic agents have potentially life-threatening side effects under certain conditions, or in some individuals. The prescriber should take special care:

- 1. To assess and follow the inmate for potential adverse side-effects.
- 2. Be aware of any potential drug-drug interactions.
- 3. Adjust dose no more quickly than recommended by the manufacturer.
- 4. Monitor compliance.

Antifungals - Oral for onychomycosis: [itraconazole (Sporanox™), ketoconazole, griseofulvin, fluconazole, terbinafine (Lamisil™)]

- 1. Diabetic or circulatory disorders evidenced by absence of pedal pulses and/or extremity hair loss due to poor circulation, or abnormal monofilament exam demonstrating loss of sensation.
- 2. Onychomycosis requests meeting criteria will be approved for fluconazole (Diflucan $^{\text{TM}}$) 50mg q day X 6 weeks, unless otherwise contraindicated.

Antihistamines - See diphenhydramine

ARB (Angiotensin Receptor Blocker): losartan (Cozaar™), valsartan (Diovan™), irbesartan (Avapro™), candesartan (Atacand™), telmisartan (Micardis™), eprosartan (Trevetan™), olmesartan (Benicar™)

- 1. Documentation that patient was unable to tolerate ACE Inhibitor due to cough even after trial of fosinopril via non-formulary request, or angioedema.
- Combination therapy with an ACE inhibitor after failure to control or treat proteinuria (remains greater than 1 gm/day) with an ACE inhibitor alone at the maximum recommended dose and compliance documented.

Ascorbic Acid (Vitamin C)

 Concomitant administration with an imidazole antifungal agent to improve bioavailability by increasing stomach acidity.

Atorvastatin (Lipitor™)

- 1. Documented failure of simvastatin at maximum dose.
- 2. Failure of niacin utilization via the brand name

- Niaspan™ formulation.
- 3. Must complete and submit Appendix 2, Steps 1-6, Management of Lipid Disorders, BOP Clinical Practice Guidelines.

Becaplermin (Regranex™)

- 1. Patients should have a recent glycosylated hemoglobin (hemoglobin Alc or HbAlc) less than 8. If not, aggressive control of their diabetes should be attempted.
- 2. Patients should be nonsmoking or enrolled in a smoking cessation plan.
- 3. Stage III or IV (International Association of Enterostomal Therapy for staging chronic wounds) lower extremity diabetic ulcers that extend through the dermis into the subcutaneous tissue or beyond.
- 4. The wound must have an adequate blood supply measured by oscillometry (at least 2 units), transcutaneous oxygen pressure (TcpO2 >30 mm Hg) or bleeding with debridement.
- 5. The wound must be free from infection.
- 6. If present, lower extremity edema should be treated.
- 7. The patient must have failed standard therapy for at least 2 months (careful/frequent debridement, moist dressing changes and non-weight bearing).
- 8. The provider must see the patient on a weekly to biweekly basis for debridement and assessment of ulcer response.
- 9. The provider must recalculate a new amount of becaplermin gel to be applied at every visit.

Benzodiazepines

Clonazepam & Lorazepam long-term use

- 1. Control of severe agitation in psychiatric patients
- 2. When lack of sleep causes an exacerbation of psychiatric illness
- 3. Part of a prolonged taper schedule
- 4. Detoxification for substance abuse
- 5. Failure of standard modalities for seizure disorders $(4^{th} \text{ line therapy})$
- 6. Long-term use for terminally ill patients for palliative care (e.g. hospice patients)
- 7. Adjunct to neuroleptic therapy to stabilize psychosis
- 8. Second line therapy for anti-mania
- 9. Psychotic syndromes presenting with catatonia (refer to BOP Schizophrenia Clinical Practice Guideline)
- 10. Akathisia which is non-responsive to beta blocker at

maximum dose or unsuccessful conversion to another antipsychotic agent (refer to BOP Schizophrenia Clinical Practice Guideline)

Buprenorphine (Subutex™, Suboxone™) for detoxification

- 1. Will only be approved for detoxification, NOT for pain or maintenance therapy.
- 4. Prescribing physician MUST have buprenorphine certification and DHHS SAMHSA waiver. These must be submitted with request.
- 5. Only buprenorphine/naloxone (Suboxone $^{\text{\tiny TM}}$) will be approved.

Bupropion (Wellbutrin™)

- Restricted to bipolar depression and/or ADHD.
 AND (one of the following)
- 2. Must have failed therapy on at least two other formulary agents.

OR

- 3. Evidence of proven efficacy through previous treatment with bupropion for bipolar depression and/or ADHD.
- 4. Bupropion will not be approved for smoking cessation therapy.

Carvedilol (Coreg[™])

- 1. Documented NYHA Class III or IV Heart Failure.
- 2. Documented appropriate treatment with or failure of ACE inhibitors and diuretics.
- 3. Documented treatment failure of maximized dose of metoprolol [150 mg daily divided twice daily (e.g. 75 mg bid)] or maximum tolerable dose.
- 4. **NEW ADMISSIONS** NYHA Class I or II patients who are new admits to BOP should be evaluated and converted to metoprolol.
- Conversion of carvedilol (Coreg[™]) to metoprolol
 Guidance

The following is provided as guidance for those inmates who meet the above criteria for conversion of carvedilol to metoprolol. Please assure that inmates undergoing this conversion are monitored closely with each change in dose to assess response on pulse, blood pressure, and symptoms of heart failure.

Method 1: Gradual withdrawal of carvedilol and
 uptitration of metoprolol over a 2 week period.
 As carvedilol is withdrawn, metoprolol should be

increased to keep the heart rate within 5 beats of baseline. This should be continued until carvedilol is withdrawn and target metoprolol dose is achieved (ACC/AHA guidelines recommend a target dose 150 mg/day in two divided doses). (Source: Bollano, et al; "Different responses to dobutamine in the presence of carvedilol or metroprolol in patient with chronic heart failure"; Cardiovascular Medicine; February 2003: 621-624.)

Method 2: Acute conversion from carvedilol to metoprolol at a ratio of 50 mg of metoprolol to 25 mg of carvedilol. Uptitrate metoprolol to the target or maximum tolerated dose. (Source: Maack, et al.; "Prospective Crossover Comparison of Carvedilol and Metoprolol in Patients with Chronic Heart Failure", Journal of the American College of Cardiology; Oct 2001; 38(4):939-944.)

Cholinesterase Inhibitors for Alzheimer's Disease (AD)

Donepezil (Aricept™) is the non-formulary drug of choice.

1. Request for its non-formulary use requires completion of the "Donepezil Non-formulary Use Criteria Algorithm" form.

Cilostazol (Pletal™)

- 1. Six months of documented unsuccessful lifestyle modifications (e.g. exercise, smoking cessation).
- 2. Treatment of cardiovascular disease risk factors.
- 3. Revascularization cannot be offered or is refused by the patient.

Clonazepam long-term use - see Benzodiazepines

Clonidine (Catapres™)

- 1. For use in detoxification only, non-formulary request may be submitted after detox protocol initiated.

 Oral test dose followed by clonidine patch is preferred protocol mechanism.
- 2. Dose taper over 2 to 4 days for arriving inmates taking greater than 1 mg per day. Refer to clonidine withdrawal guidance, particularly for patients on concomitant beta blocker therapy. Non-formulary request may be submitted after taper initiated.

Clonidine Discontinuation Guidance

Discontinuation of most any antihypertensive agent can lead to a corresponding withdrawal syndrome. However, this syndrome is most commonly seen with clonidine, betablockers, methyldopa, and guanabenz. The withdrawal syndrome is thought to caused by sympathetic overactivity and includes nervousness, tachycardia, headache, agitation, and nausea. This is usually seen within 36 to 72 hours after cessation of therapy. In rare instances a rapid increase in blood pressure to pre-treatment levels or above can be seen which could potentially lead to myocardial ischemia. Again, this is rare, especially when patients are not taking above the standard therapeutic doses of these agents. It also appears to occur more often when multiple medications are being withdrawn at the same time.

Abrupt discontinuation of clonidine, in particular those taking greater than 1 mg daily, may result in nervousness, agitation, restlessness, anxiety, insomnia, headache, sweating, palpitation, increased heart rate, tremor, hiccups, muscle pain, increased salivation, stomach pain, nausea and flushing. This may be due in part to the fact that clonidine has been shown to act upon opiate receptors. These effects generally appear within two to three hours after the first missed dose.

Blood pressure may increase in four to eight hours after the first missed dose of clonidine and is associated with a rise catecholamine plasma concentrations. This potential may be exacerbated after administration of higher doses or continued concurrent therapy with a betablocker.

Severe blood pressure increases after clonidine discontinuation can be treated with the reinstitution of clonidine therapy followed by a short, gradual taper over two to four days; IV phentolamine +/- propranolol (propranolol should never be utilized alone as it may further elevate the BP); or utilization of a vasodilator such as hydralazine or diazoxide.

If a patient is taking clonidine concurrently with a betablocker, it is best to gradually withdraw the beta blocker, then withdraw the clonidine over two to four days. The beta-blocker can then be reinstituted after clonidine has been successfully withdrawn. Concurrent beta-blocker therapy may exacerbate an increase in blood pressure upon clonidine withdrawal.

Appropriate follow-up to including adjustment of medication management of all patients is essential during this process.

COX-2 Inhibitors (Vioxx™, Celebrex™, Bextra™)

Documentation of

- 1. Prior history of a serious GI event (hospitalization for perforation, ulcer, or bleed) or
- 2. Concurrent use of warfarin (for OA, these patients must ordinarily fail acetaminophen and salsalate prior to receiving a COX-2 inhibitor).

Non-formulary Requests for Cox-II inhibitors will ordinarily not be considered for approval for:

- 1. Lack of response to traditional NSAIDs.
- 2. Dyspepsia or GI intolerance to traditional NSAIDs.
- 3. Patients receiving a proton pump inhibitor.
- 4. Patients receiving low dose aspirin for cardiovascular prophylaxis.
- 5. Patients with known cardiovascular disease.
- 6. Dysmenorrhea.

Delavirdine (Rescriptor™)

1. Patients who have previously tried efavirenz and nevirapine and were changed to delavirdine because of intolerance, adverse effects, or contraindications (e.g. rash or hepatotoxicity with nevirapine; pregnancy with efavirenz) citing specific reasons as to why efavirenz and nevirapine cannot be utilized.

Conversion Recommendations for those entering BOP institution on delavirdine, with undetectable viral load:

- 2nd Alternative: Switch patient from delavirdine to nevirapine. Recommendation to stop delavirdine and start nevirapine utilizing dose escalation (e.g. 200 mg daily x 14 days, then 200 mg bid) as if beginning a treatment naive patient. Nevirapine has a higher incidence of rash than delavirdine. There is not 100% cross-reactivity in rash and the rash seems to

be related to early blood levels, therefore dose escalation is still recommended. Viral resistance to nevirapine did not occur in clinical trials when patients were given escalating doses. Delavirdine and nevirapine share resistant mutations so conversion will not lead to increased resistance. If resistance is a concern, on a case by case basis, it may be prudent to give a protease inhibitor (PI) plus nevirapine during the 2 week escalation period. For instance, the decision may depend on viral load; if < 50 for quite some time then no PI; if patient has detectable virus or blips, one may want to cover with a PI (e.g. nelfinavir) during nevirapine escalation. Nelfinavir will add pill burden & diarrhea but no drug interactions or overlapping toxicities exist between nelfinavir and nevirapine.

Inmates entering BOP on a delavirdine-containing regimen, whose viral load is not adequately suppressed, should have their entire HAART regimen re-evaluated in consultation with a specialist.

Dietary/Herbal Supplements

These agents are not FDA approved and will not be approved.

Diphenhydramine (Benadryl™) / hydroxyzine (Atarax, Vistaril) oral PILL LINE ONLY

- 1. Patients taking antipsychotic medication with extrapyramidal symptoms not responsive to benztropine and trihexylphenidyl
- 2. Excessive salivation with clozapine
- 3. Chronic idiopathic urticaria (consider other formulary H_2 blockers such as doxepin)
- 4. Chronic pruritus-associated dialysis
- 5. Non-formulary use approved via PILL LINE ONLY
- 6. **Urticaria:** Classified according to etiology or precipitating factor-see Clinical Update article on Urticaria. All potential precipitating factors have been considered and controlled for.
- 7. **Urticaria:** IgE levels and/or absolute eosinophil count in conditions where this is typically seen.
- 8. **Urticaria:** Documented failure (ensuring compliance) of steroid pulse therapy (i.e. prednisone 30mg daily for 1 to 3 weeks). **Be aware of any contraindication to steroid use (i.e. bipolar disorder) **

Enfuvirtide (Fuzeon™)

- 1. Inmate is candidate for antiretroviral therapy (ART) per USPHS Guidelines http://www.aidsinfo.nih.gov/
- 2. Infectious disease consultant recommends enfuvirtide. Consult must include complete proposed HAART regimen and must be submitted with non-formulary request.
- 3. Inmate has failed, is resistant to or is intolerant of at least two PI-based regimens and one NNRTI-based regimen.
- 4. Resistance testing must be submitted.
- 5. At least two other medications are also potentially effective based on resistance testing, and these two medications can be safely co-administered. (Examples of combinations which are contraindicated include TDF+ABC+3TC, TDF+ddI+3TC, AZT+d4T, d4T+ddC, d4T+ddI, and ddI+ddC.)
- 6. Inmate motivated to try new injectable regimen.

Additional Comments:

- 1. Inmate understands that medication will be discontinued if ineffective.
- 2. Inmate understands that if compliance falls below 95%, for any and all HAART medications, therapy will be discontinued.
- 3. All HAART medications will be administered as pill
 line only.

Entanercept (Enbrel™) - See Immunomodulator TNF Inhibitors

Ezetimibe (Zetia™)

- 1. Failure of niacin utilization via the brand name $Niaspan^{m}$ formulation.
- 2. Must complete and submit Appendix 2, Steps 1-6, Management of Lipid Disorders, BOP Clinical Practice Guidelines.
- 3. Ezetimibe 10 mg daily can be considered on a nonformulary basis for those patients not meeting their
 LDL-C goal on simvastatin, lovastatin or atorvastatin
 80 mg daily in combination with a bile acid
 sequestrant (BAS) or the maximally tolerated or
 recommended daily dose of a statin in combination
 with a bile acid sequestrant (BAS) or niacin.
- 4. If simvastatin, lovastatin, or atorvastatin cannot be used (e.g., due to a drug interaction CYP 3A4 metabolism) or not tolerated, the maximally tolerated or recommended dose of pravastatin or fluvastatin (e.g. 80 mg/d), in combination with BAS or niacin, should be reached prior to considering therapy with

- ezetimibe.
- 5. Since there is no evidence to show a benefit with regard to health outcomes with ezetimibe, monotherapy with ezetimibe should be limited to those patients unable to tolerate statins, bile acid sequestrants, and niacin.

Fenofibrate (Tricor™)

- 1. Failure of gemfibrozil used for at least 6 months
- 2. Treatment of hyperglycemic patients. HbA1c should be < 8</p>
- 3. Triglyceride level must be > 500 after compliance with criteria 1 and 2 above

Filgrastim/pegfilgrastim (Neupogen™/Neulasta™)

- 1. Adjunctive therapy for cancer chemotherapy.
- 2. Treatment for hepatitis-treatment-induced neutropenia must be done in consultation with Central Office staff.

Finasteride (Proscar™)

- 1. Second line agent for BPH, after failure of alpha blocker.
- 2. American Urological Association criteria (including symptom score, digital rectal exam, PSA test, urine outflow record) are submitted.

Formoterol (Foradil™) - Long Acting Beta Agonists (LABA)

Gabapentin (Neurontin™)

PILL LINE ONLY

Pain: Chronic (greater than 6 weeks and not amenable to medical or surgical interventions); neuropathic pain only. Must have failed at least two formulary anticonvulsants at therapeutic doses. Failure is defined as no response, or no improvement in function, or adverse side effects. Documentation requirements for initial approval include physical assessment of pain complaint, treatment plan for pain management/further assessment, appropriate laboratory and specialty consultations when indicated, and evidence of other medication trials. approval will be for no greater than 60 days. Further approval will require documentation of ongoing assessment of pain complaint, compliance with the treatment plan(not just the medication), and documentation of improvement in functional status and/or pain complaint.

- 2. Seizure disorder: Adjuvant anticonvulsant for partial seizure disorder with or without secondary generalization. Initial approval will require documentation of abnormal EEG (current or past), failure of single agents-valproic acid, carbamazepine, lamotrigine, topiramate, or documented response in past to gabapentin. Failure is defined as ongoing seizure activity with therapeutic blood levels or doses of medication with documented compliance, or the presence of adverse side effects.
- 3. Bipolar disorder: Approval will be considered only after documented failure of therapeutic trials of lithium, valproic acid, carbamazepine, and atypical antipsychotics, (alone and in combination), or documented prior response to gabapentin. Failure is defined as recurrence of mania or hypomania during active treatment with therapeutic doses/blood levels of approved medications, with documented compliance, or the presence of adverse side effects. Required documentation includes a mental health evaluation as outlined in the clinical guidelines for psychiatric evaluation, and blood levels (when appropriate) of formulary agents during episodes of recurrent illness.

Hormones to maintain secondary sexual characteristics

- 1. Institution Clinical Director concurrence that hormonal therapy is medically indicated and safe.
- 2. Confirmation of legitimate prescribing prior to incarceration.
- 3. Psychiatric diagnostic evaluation and treatment plan.

Hydroxyzine (Atarax™, Vistaril™) oral - See diphenhydramine

- 1. Adalimumab is recommended agent due to better side effect profile.
- 2. Failure of methotrexate/prednisone, gold, or azathioprine.
- 3. Intolerable side effects of methotrexate where a TNF agent may allow a decrease in methotrexate dose.
- 4. Request must include rheumatology consult report.

Insulin glargine, Long Acting Insulin (Lantus™)

1. Unable to achieve glycemic control targets because of recurrent episodes of symptomatic hypoglycemia, especially with nocturnal hypoglycemia, despite

- multiple attempts with various insulin dosing regimens.
- 2. Non-formulary request must include the insulin regimens that have been tried & found ineffective, including times of administration.
- 3. Patients receiving highly intensive insulin therapy such as q.i.d. administration, including those who would otherwise be candidates for insulin pump therapy.

Insulin lispro, Rapid Acting Insulin (Novolog™, Humalog™)

NOTE: generally speaking lispro is too short acting to be used safely in most correctional environments.

- 1. Unable to achieve glycemic control targets with the use of regular insulin, despite multiple attempts with various insulin dosing regimens.
- 2. Non-formulary request must include the insulin regimens that have been tried & found ineffective, including times of administration.
- 3. Self monitoring of blood glucose or immediate access to blood glucose monitoring at all times.
- 4. Ability to eat a meal immediately (within 15 minutes) after injecting rapid-acting insulin.
- 5. Patients receiving highly intensive insulin therapy such as q.i.d. administration, including those who would otherwise be candidates for insulin pump therapy.
- 6. Will be used at Medical Centers only is not an acceptable transfer medication.

Isotretinoin (Accutane™)

1. iPLEDGE enrollment and requirements located at www.ipledgeprogram.com and www.ncpdp.org must be followed. Proof of enrollment must be submitted with non-formulary request.

Linezolid (Zyvox™)

- 1. IV vancomycin should be utilized when possible.
- 2. Case by case basis for transition of stable patients receiving IV vancomycin in hospital setting to institution which is unable to provide IV vancomycin.
- 3. Documentation of culture and sensitivity data must be submitted with non-formulary request.
- 4. Non-formulary approval will be for <u>pill line</u>

 <u>administration only</u> due to concerns of expense,
 compliance, and potential for resistance development.

Long Acting Beta Agonists (LABA)

Salmeterol and Formoterol

- 1. COPD patients must have failed anticholinergic agent tiotropium (Spiriva $^{\text{m}}$).
- Continued nocturnal awakenings not managed by maximum dose of steroid inhaler and/or low dose night time theophylline.
- 3. At least moderately severe asthma not controlled by maximum dose of inhaled corticosteroid alone.
- 4. Non-Formulary requests should be accompanied by a "CIPS" report showing patient refill history in order to document steroid inhaler compliance and current short acting beta-agonist use.

Lorazepam long-term use - see Benzodiazepines

Loteprednol etabonate (Lotemax™, Alrex™)

1. After use of formulary ophthalmic steroid for greater than 28 days.

Methicillin Resistant Staff aureus (MRSA) treatment (minocycline, levoflaxacin, linezolid)

1. Restricted to pill line when utilized for MRSA.

Montelukast (Singulair™)

- 1. **Asthma:** Third line agent in the treatment of asthma. Compliance with other medications must be shown (e.g. oral steroid inhalers)
- 2. **Allergic Rhinitis:** Third line agent after documented compliance with OTC antihistamine and nasal steroid. Copies of progress notes detailing symptoms and exam findings will be required.
- 3. **Urticaria:** Montelukast will not be approved for this indication.

Multivitamins (TheragranTM, Prenatal vitamins, BC PlexTM, Vitamin B w/ C Complex, DialyviteTM, NephroviteTM)

- 1. Dialysis patient (BC Plex, Dialyvite, Nephrovite)
- 2. Pregnant patient (Prenatal Vitamins)
- 3. Injectable use in TPN's
- 4. Patient undergoing active detoxification for substance abuse
- 5. Malnutrition/malabsorption disorders

MUSCLE RELAXANTS

Dantrolene (DantriumTM), baclofen (LioresalTM), cyclobenzaprine (FlexerilTM), tizanidine (ZanaflexTM)

PILL LINE ONLY

Approval for baclofen or dantrolene will be considered for the following cases and must be administered via PILL LINE:

Observable, documented muscle spasm due to:

- a. Multiple sclerosis
- b. Spinal cord injury or intrinsic cord lesions (not herniated spinal discs, not low back pain due to muscle spasm)
- c. Stroke
- d. Cerebral palsy

Approval for baclofen may be considered for intractable pain from neurological conditions, such as trigeminal neuralgia, that has been unresponsive to formulary agents.

Compliance should be monitored at each visit. These medications are frequently diverted to other inmates due to their mood-altering effects. Abrupt discontinuation of baclofen can precipitate a drug withdrawal syndrome.

There are generally no valid indications for long-term use of cyclobenzaprine or similar "muscle relaxants" such as methocarbamol. Lorazepam is recommended for short-term use in acute muscle spasm where sedation is desired.

Onychomycosis, oral treatment - See Antifungals

Proton Pump Inhibitor - use over 90 days & twice daily dosing (Refer to BOP Clinical Practice Guidelines, Gastroesophageal Reflux Disease (GERD), Dyspepsia, and Peptic Ulcer Disease, November 2001)

- 1. <u>Non-ulcer dyspepsia</u>: No approvals. Refer to commissary for OTC agents.
- 2. GERD: Supported by current EGD documentation a. compliant treatment failure with antacids and maximized dose of H2 blockers x 8 weeks.
 - documented doses of ranitidine 750 mg per day divided into qid dosing (supported by compliance through pharmacy software refill history) required. (Doses up to 6 grams daily have been safely utilized)
 - b. Undocumented/minor GERD should be referred to commissary.
- 3. Documentation of chronic need for NSAIDs w/ prior history of GI bleed.
- 4. Documented Zollinger-Ellison Syndrome

5. <u>BID dosing</u> - GERD confirmed via ambulatory pH monitoring or upper endoscopy results

Quetiapine (Seroquel™)

- 1. Use in psychotic disorder, bipolar disorder, or borderline personality disorders only.
- 2. Requests must include justification and treatment history in accordance with the Antipsychotic Treatment Algorithm, BOP Clinical Practice Guidelines, Pharmacological Management of Schizophrenia.
- 3. Non-formulary approvals for oral formulation must be administered via pill line and crushed prior to administration unless otherwise restricted by package insert.

Salmeterol (Serevent™) - see Long Acting Beta Agonists (LABA)

Synvisc™ (Hylan G-F 20) or Hyalgan™ (Sodium Hyaluronate)

- 1. Osteoarthritis of the knee(s) (American College of Rheumatology criteria) confirmed by history, exam, and x-ray.
- 2. Documented inadequate control of pain or intolerance to adequate trial of acetaminophen (4 grams/day), NSAIDs, and other non-narcotic or narcotic analgesics.
- 3. Inadequate response to intraarticular corticosteroid injections.
- 4. Inadequate response to bracing and use of canes or crutches.
- 5. Inadequate response to measures such as weight loss and physical therapy.
- 6. Surgery is not an option due to concurrent medical conditions that preclude the patient as candidate for surgery. These agents may also be considered as a bridging option before resorting to surgery.

Tamsulosin (Flomax™) & alfuzosin (Uroxatral™)

- Documentation of significant symptomatic hypotension, orthostatic hypotension, or syncope while receiving prazosin or doxazosin
- 2. Failure of doxazosin 8 mg dose

Thiazolidinediones (i.e. "glitazones") [e.g. Pioglitazone (Actos™) or Rosiglitazone (Avandia™)]

ACTOS is the thiazolidinedione of choice

1. Failed monotherapy with a sulfonylurea or metformin **and** failed or have a contraindication to combining

- with a sulfonylurea/metformin, an alpha-glucosidase inhibitor, or insulin.
- 2. Insulin in doses > 75 units/day **and** HbA1c > 9% or exceeds target HbA1c value by > 1% **and** failed or have contraindications to other insulin/oral hypoglycemic regimens.
- 3. Normal C-peptide level (see Diabetes Clinical Treatment Guidelines)

Tipranavir (Aptivus™)

- 1. Recommended by Regional HIV Pharmacist Consultant based upon all of the following:
- 2. Patients must be highly treatment-experienced including at least 2 prior failed PI regimens.
- 3. Patients have evidence of virologic failure (viral load > 1,000 copies/ml) and evidence of genotypic or phenotypic resistance on their current PI regimen.
- 4. There must be no more than 2 mutations at codons L33V/I/F, V82T, I84V or L90M or a phenotypic cutoff greater than 4 (utilizing the PhenoSense assay) before initiating therapy.
- 5. The ability exists to construct a multi-drug regimen that includes two other active antiretroviral drugs, or one other active drug plus an appropriate antiretroviral drug combination with some residual activity, in addition to TPV/ritonavir based upon resistance testing.
- 6. Patient must be able to tolerate ritonavir at a dose of 200 mg twice daily.

Zalcitabine (Hivid™, DDC)

- 1. Patient is taking zalcitabine upon arrival to a BOP institution.
- 2. Documentation of undetectable viral load provided with the request.
- 3. Patient tolerance to therapy is addressed in the request.
- 4. Other patients should be converted to another NRTI or HIV regimen based upon USPHS HIV Guidelines, National HIV Telephone Consultation Services (Warmline) 1-800-933-3413, or a HIV Specialist Consultant.

Non-Formulary Algorithm for Donepezil (Aricept $^{\text{TM}}$) Approval

1.	Initial treatmentFollow-up: 3 mo 6 mo 12 mo other Dose of donepezil (# 1,3,5,9,10 only for renewal)					
2.						
	b. moderate					
	c. severe-does not qualify for trial. Consider Reduction in Sentence					
3.	Mini-Mental State Score:					
	(Other objective measures may be utilized, such as Dementia Rating Scale,					
	however, the same test should be used at each interval to document response					
	to treatment).					
	Test Score					
4.	Physical findings: Please attach copy of most recent exam, must include					
	weight, vital signs, neurologic screening.					
5.	Laboratory results: Date					
	Hgb WBC Plts MCV RDW					
	AST ALT Alk Phos Tot ProtAlb					
	CreatinineFasting GlucoseRPR					
	B-12 FolateTSH					
	U/A: RBCLeukocytesProtein Glucose					
6.	CT head or MRI head results (attach copy of report).					
7.	Major Depression has been effectively treated or ruled out?					
	Yes No Current Treatment					
8.	Delirium has been ruled out by (Physician name) on					
	(Date): Yes No If no, describe:					
9.						
	e.g. lanolin, antiseizure meds:					
10.	No contraindications to cholinesterase inhibitor (e.g. PUD, asthma, COPD,					
	bradycardia, liver disease, anticholinergic drugs, parkinsonism):					
11.	Prior treatment with cholinesterase inhibitor?					
	Drug(s)					
	Dates					
	Outcome					
12.	Comments:					
	Recommendations by Institution Chief Psychiatrist or Clinical Director:					
+++	+++++++++++++++++++++++++++++++++++++++					
App	rovedMedical Director Date					
Disa	approvedMedical Director Date					
Inmate Name:						
Reg	. No:					
_						
Ins.	titution:					

Emergency Cart Content Recommendations

This list is available to the local Pharmacy and Therapeutics committee to decide which list is to be incorporated into their crash cart based on staff accessibility, after hours care, training of current staff, staff competency in ACLS, accessibility of community emergency services, etc..

(For example, MRCs and other institutions with 24 hour coverage who have sufficient numbers of trained staff to perform ACLS 24 hours per day, 7 days per week may elect to stock their crash cart with "A" list drugs. Institutions without 24 hour coverage who have rapid response times from their local Emergency Medical Services may elect to stock only "C" list medications. Institutions in remote locations where EMS response may be affected by weather, traffic, etc., may elect to stock "B" list medications. Staff using "crash cart" supplies for resuscitation should be trained and privileged by the Clinical Director in accordance with established protocols approved by the CD.)

		T	
Adenosine 6 mg	А		
Amiodarone 50 mg/ml	А		
Aspirin 81 mg	А	В	С
Atropine 1 mg/10ml	А	В	С
Calcium Chloride	А		
D5W	А	В	С
Dextrose 50% Injection	А	В	С
Digoxin 0.5 mg injection	А	В	
Dopamine 400 mg/5ml	А	В	
Epinephrine 1:10000 syringe	А	В	
Epinephrine 1:1000 amps	А	В	С
Furosemide injection	А	В	С
Glucagon injection	А	В	С
Glucose Paste/Tabs	А	В	С
Hydrocortisone OR methylprednisolone injection	А	В	С
Lactated Ringers	А	В	С
Lorazepam injection	А	В	С
Morphine Sulfate	А	В	С
Naloxone 0.4 mg/ml	А	В	С
Nitroglycerin S.L. 0.4 mg tabs	А	В	С
Normal Saline	А	В	С

Procainamide 100 mg	А				
Propranolol 1 mg/ml	А				
Sodium Bicarbonate 50 meq	А	В			
Sodium Chloride 0.9% injection	А	В	С		
Vasopressin 20 U/ml	А	В			
Verapamil 5 mg	А	В			
Other items to consider having quick access to in the Emergency Room, but not necessarily stored in the cart.					
Albuterol Inhaler	А	В	С		
Albuterol Solution	А	В	С		
Charcoal	А	В	С		
Diphenhydramine 50 mg Inj	А	В	С		
Nitroglycerin 50 mg/10 ml	А				
Phenytoin 100 mg/2ml	А	В	С		

PART II

NATIONAL BOP FORMULARY



- **BRAND NAME PRODUCTS ARE FOR REFERENCE ONLY**
- **THE LEAST EXPENSIVE GENERIC EQUIVALENT IS TO BE UTILIZED WHEN
 AVAILABLE (UNLESS RESTRICTED TO CERTAIN BRAND WITHIN
 FORMULARY), OTHERWISE NON-FORMULARY APPROVAL IS
 REOUIRED**
- **USE AGAINST SPECIFIC RESTRICTIONS REQUIRES NON-FORMULARY APPROVAL**
- **USE OF FORMULATION NOT SPECIFICALLY INCLUDED (E.G. EXTENDED RELEASE, NASAL, TOPICAL, OPHTHALMIC, RAPID DISSOLVE TABLET, COMBINATION PRODUCT, ETC) IS NOT AUTHORIZED; REOUIRES NON-FORMULARY APPROVAL**

Legend

Look Alike Sound Alike Drugs

5-FU (fluorouracil) intravenous, solution

8-Mop (methoxsalen) oral, capsule

A & D Ointment (vitamin A & D topical) topical, ointment

RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY

abacavir oral, solution; oral, tablet

- ** PHYSICIAN INITIATION ONLY **
- ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

abacavir/lamivudine/zidovudine oral, tablet

- ** PHYSICIAN INITIATION ONLY **
- ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

abacavir-lamivudine oral, tablet

- ** PHYSICIAN INITIATION ONLY **
- ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

Abbokinase Open-Cath (urokinase) intravenous, powder for injection

**5,000 IU ONLY!! -- NO OTHER DOSAGES APPROVED **

** FOR USE IN CATHETER CLEARANCE **

Abilify (aripiprazole) oral, solution; oral, tablet

- ** PILL LINE ONLY **
- ** PHYSICIAN USE ONLY **

acetaminophen oral, tablet; rectal, suppository
acetaminophen-codeine oral, liquid; oral, tablet

- acetaminophen-hydrocodone, acetaminophen-oxycodone
 - **PHYSICIAN/DENTIST USE ONLY**
 - **ORDER MAY NOT EXCEED 30 DAYS**
 - **PILL LINE ONLY**
 - **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**

acetaminophen-oxycodone oral, solution; oral, tablet

- acetaminophen-codeine
 - **PHYSICIAN/DENTIST USE ONLY**
 - **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**
 - **PILL LINE ONLY**
 - **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM**

acetaZOLAMIDE oral, capsule, extended release; oral, tablet
 acetoHEXAMIDE, acetylcysteine, acyclovir

acetic acid otic otic, solution

acetic acid topical irrigation, solution

acetic acid-aluminum acetate otic otic, solution

acetic acid-hydrocortisone otic otic, solution

acetylcholine ophthalmic intraocular, powder for reconstitution

- ** MEDICAL CENTER ONLY **
- ** FOR ANESTHESIA/SURGERY USE ONLY **

acetylcysteine inhalation, solution; intravenous, solution
 acetaZOLAMIDE

ACTH (corticotropin) injectable, solution; injectable, powder for injection

Actidose-Aqua (charcoal) oral, suspension

actinomycin D (dactinomycin) intravenous, solution

Activase (alteplase) intravenous, powder for injection

Retayase

Relavase

activated charcoal (charcoal) oral, suspension

acyclovir intravenous, solution; intravenous, powder for

injection; oral, suspension; oral, capsule; oral, tablet

acetaZOLAMIDE, famciclovir

** OINTMENT NOT APPROVED**

Adalat CC (NIFEdipine) oral, tablet, extended release

Aldomet, Allegra

- **ADALAT CC ONLY** **IMMEDIATE RELEASE NOT APPROVED** **BID DOSING NOT APPROVED** **INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR) ** Adapin (doxepin) oral, capsule **PHYSICIAN USE ONLY** **PILL LINE ONLY** **NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID. ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT** Adenocard (adenosine) intravenous, solution
- adenosine intravenous, solution
- Adrenalin (epinephrine) injectable, solution
- Adriamycin (DOXOrubicin) intravenous, solution; intravenous, powder for injection
 - Aredia, Idamycin PFS
- Adrucil (fluorouracil) intravenous, solution
- Agenerase (amprenavir) oral, solution; oral, capsule
 - ** PHYSICIAN INITIATION ONLY **
 - ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- Al hydroxide/Mq hydroxide/simethicone oral, suspension; oral, tablet, chewable
- albumin human intravenous, solution
- Albuminar-25 (albumin human) intravenous, solution
- Albuminar-5 (albumin human) intravenous, solution
- albuterol inhalation, solution; inhalation, aerosol;
 - inhalation, aerosol with adapter; inhalation, capsule; oral, syrup; oral, tablet
 - acebutolol
 - ** EXTENDED-RELEASE TABLETS NOT APPROVED**
- albuterol-ipratropium inhalation, solution; inhalation, aerosol with adapter
- alcohol, isopropyl (isopropyl alcohol topical) topical, liquid; topical, pad
 - **CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE**
- Aldactone (spironolactone) oral, tablet
- Aldomet (methyldopa) oral, suspension; oral, tablet Adalat CC
 - **PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA**
- alendronate oral, solution; oral, tablet
- alginic acid/Al hydroxide/Mg trisilicate oral, tablet, chewable

- Alkeran (melphalan) oral, tablet
 - Leukeran
- Alkeran I.V. (melphalan) intravenous, powder for injection allopurinol intravenous, powder for injection; oral, tablet Apresoline
- Aloprim (allopurinol) intravenous, powder for injection Alphagan (brimonidine ophthalmic) ophthalmic, solution
- alteplase intravenous, powder for injection
- Alternagel (aluminum hydroxide) oral, suspension
- Alu-Cap (aluminum hydroxide) oral, capsule
- aluminum acetate-acetic acid otic (acetic acid-aluminum acetate otic, otic, solution
- aluminum hydroxide oral, suspension; oral, capsule; oral, tablet
- aluminum hydroxide-magnesium hydroxide oral, suspension; oral, tablet; oral, tablet, chewable
- aluminum sulfate-calcium acetate topical topical, powder; topical, tablet, effervescent
- Alupent (metaproterenol) inhalation, solution; inhalation, aerosol; inhalation, aerosol with adapter
 - Atrovent
 - **ORAL FORMULATION NOT APPROVED**
- Alu-Tab (aluminum hydroxide) oral, tablet
- Amicar (aminocaproic acid) intravenous, solution; oral, syrup; oral, tablet
 - Amikin
- Amino Acids (parenteral nutrition solution) intravenous,
- Amino Acids with Dextrose (parenteral nutrition solution) intravenous, solution; intravenous, kit
- amino acids-urea topical vaginal, cream with applicator
 - **APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY**
- aminocaproic acid intravenous, solution; oral, syrup; oral,
- Amino-Cerv (amino acids-urea topical) vaginal, cream with applicator
 - **APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY**
- aminophylline intravenous, solution; oral, solution; oral, tablet; oral, tablet, extended release; rectal, suppository
 - amitriptyline
- Aminosyn (parenteral nutrition solution) intravenous, solution Aminosyn II (parenteral nutrition solution) intravenous, solution
- amiodarone intravenous, solution; oral, tablet
 - amantadine, amlodipine, trazodone

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**CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY
      USE**
      **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
      DISPENSING:
      http://www.fda.gov/cder/Offices/ODS/labeling.htm**
amitriptyline intramuscular, solution; oral, tablet
  aminophylline, imipramine, nortriptyline
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
      **NOT TO BE ROUTINELY USED AS A SLEEP AGENT**
      **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES
      EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID,
      ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON
      AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN
      THE PACKAGE INSERT**
amlodipine oral, tablet
  amiloride, amiodarone, felodipine
      **BID DOSING NOT APPROVED**
      **INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE
      (SULAR®) **
Ammonia Inhalant inhalation, ampule
amoxicillin oral, capsule; oral, powder for reconstitution;
      oral, tablet
  Marax, Augmentin, Atarax, Augmentin
amoxicillin-clavulanate oral, powder for reconstitution; oral,
      tablet.
      **RESTRICTED TO PHYSICIANS/DENTISTS **
      **FIRST LINE AGENT ONLY WITH C&S DATA**
      **SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN
      STRUCTURE INFECTIONS AND OTHERS**
      **APPROVED FOR HUMAN BITES**
Amoxil (amoxicillin) oral, capsule; oral, powder for
      reconstitution; oral, tablet
  amoxicillin
Amphojel (aluminum hydroxide) oral, suspension; oral, capsule;
      oral, tablet
amphotericin B intravenous, powder for injection; oral,
      suspension
ampicillin injectable, powder for injection
  amoxicillin, Augmentin, oxacillin
      **ORAL FORMULATION NOT APPROVED**
ampicillin-sulbactam injectable, powder for injection
amprenavir oral, solution; oral, capsule
      ** PHYSICIAN INITIATION ONLY **
      ** HIV MEDICATION DISTRIBUTION RESTRICTION **
Amvisc (sodium hyaluronate ophthalmic) intraocular, liquid
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Anaprox (naproxen) oral, tablet
  Avapro
Ancef (cefazolin) injectable, powder for injection;
      intravenous, solution
Anectine (succinylcholine) injectable, solution
anticoagulant sodium citrate concentrate injectable, bottle
antihemophilic factor intravenous, powder for injection
      **HIIMAN**
Antilirium (physostigmine) injectable, solution
antipyrine-benzocaine otic otic, solution
Antivert (meclizine) oral, tablet
Anusol-HC (hydrocortisone topical) rectal, cream with
      applicator; rectal, suppository
  Anusol
APAP (acetaminophen) oral, tablet; rectal, suppository
apraclonidine ophthalmic ophthalmic, solution
      **OPHTHALMOLOGIST USE ONLY**
Apresoline (hydrALAZINE) oral, tablet
  allopurinol
Aquamephyton (phytonadione) injectable, solution
Aranesp (darbepoetin alfa) injectable, solution
      **RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
      **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER
      CHEMOTHERAPY PATIENTS**
      **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH
      INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH
      CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE
      INITIATING THERAPY**
ardeparin subcutaneous, solution
Aredia (pamidronate) intravenous, powder for injection
  Adriamvcin
arginine intravenous, solution
aripiprazole oral, solution; oral, tablet
      ** PILL LINE ONLY **
      ** PHYSICIAN USE ONLY **
Aristocort (triamcinolone) injectable, suspension; oral, tablet
      **NASAL INHALERS NOT APPROVED**
Aristocort Topical (triamcinolone topical) topical, ointment;
      topical, cream
Artane (trihexyphenidyl) oral, elixir; oral, tablet
  Altace
      **PHYSICIAN USE ONLY**
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artificial tears (ocular lubricant) ophthalmic, ointment;

PILL LINE ONLY

ophthalmic, solution

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ASA (aspirin) oral, enteric coated tablet; oral, tablet;
      rectal, suppository
Asacol (mesalamine) oral, enteric coated tablet
  Allegra, Ansaid, Os Cal 500 with D, Os-Cal 250 with D,
      OsCal 500, Os-Cal Forte, Os-Cal with D
      **USE IN SULFASALAZINE FAILURE OR ALLERGY**
asparaginase injectable, powder for injection
  pegaspargase
aspirin oral, enteric coated tablet; oral, tablet; rectal,
      suppository
atazanavir oral, capsule
      ** PHYSICIAN INITIATION ONLY **
      ** HIV MEDICATION DISTRIBUTION RESTRICTION **
atenolol injectable, solution; oral, tablet
  metoprolol
Ativan (lorazepam) injectable, solution; oral, tablet
  Ambien, Atarax
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
      **ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE
      WITHOUT NON-FORMULARY APPROVAL**
      **IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER:
      180 DAY MEDICATION ORDERS MAY BE WRITTEN**
      **BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN
      NON-BENZODIZEPINES HAVE BEEN INEFFECTIVE AND ARE
      NON-RENEWABLE**
      **RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM,
      INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT
      IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD
      BE PULLED APART AND ADMINISTERED IN POWDER FORM**
atropine injectable, solution
  Akarpine
atropine ophthalmic ophthalmic, ointment; ophthalmic, solution
Atropisol (atropine ophthalmic) ophthalmic, solution
Atrovent (ipratropium) inhalation, solution; inhalation,
      aerosol
  Marian Alupent, Azmacort, Flovent, Serevent, Serevent Diskus
Atrovent Nasal (ipratropium nasal) nasal, spray
Augmentin (amoxicillin-clavulanate) oral, powder for
      reconstitution; oral, tablet
  amoxicillin, ampicillin
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SECOND LINE THERAPY FOR SINUSITIS, URI, SKIN AND SKIN STRUCTURE INFECTIONS AND OTHERS **APPROVED FOR HUMAN BITES** Auralgan (antipyrine-benzocaine otic) otic, solution Aurolate (gold sodium thiomalate) intramuscular, suspension Aveeno (emollients, topical) topical, cream; topical, lotion; topical, oil; topical, soap Aveeno Regular Bath (colloidal oatmeal topical) topical, powder **INPATIENT USE ONLY** Aventyl HCl (nortriptyline) oral, solution; oral, capsule **PHYSICIAN USE ONLY** **PILL LINE ONLY** **NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID. ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT** Avgestin (norethindrone) oral, tablet azathioprine compounding, powder; intravenous, powder for injection; oral, tablet azithromycin intravenous, powder for injection; oral, capsule; oral, tablet aztreonam, erythromycin, vancomycin **RESTRICTED TO PHYSICIAN / DENTIST USE ONLY** Azmacort (triamcinolone) inhalation, aerosol with adapter Atrovent, Nasacort **NASAL INHALERS NOT APPROVED** Azulfidine (sulfasalazine) oral, tablet B & O Supprettes 16-A (belladonna-opium) rectal, suppository **PHYSICIAN USE ONLY** **ORDER MAY NOT EXCEED 3 DAYS** **FOR INPATIENT USE ONLY** bacitracin/HC/neomycin/polymyxin B ophthalmic ophthalmic, bacitracin-polymyxin B ophthalmic ophthalmic, ointment bacitracin-polymyxin B topical topical, ointment Bactrim (sulfamethoxazole-trimethoprim) oral, tablet Biaxin **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** Bactrim DS (sulfamethoxazole-trimethoprim) oral, tablet ■ Bancap HC **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** Bactroban (mupirocin topical) nasal, ointment w/applicator;

topical, ointment; topical, cream

PHYSICIAN USE ONLY

**RESTRICTED TO PHYSICIANS/DENTISTS **

FIRST LINE AGENT ONLY WITH C&S DATA

balanced salt solution (ophthalmic irrigation, intraocular) ophthalmic, solution balsam Peru/castor oil/trypsin topical topical, spray BCG intravesical, powder for reconstitution **FOR ONCOLOGY USE AT MEDICAL CENTER ONLY** beclomethasone inhalation, aerosol; inhalation, aerosol with adapter **NASAL INHALERS NOT APPROVED** Beclovent (beclomethasone) inhalation, aerosol; inhalation, aerosol with adapter Beconase **NASAL INHALERS NOT APPROVED** belladonna-opium rectal, suppository **PHYSICIAN USE ONLY** **ORDER MAY NOT EXCEED 3 DAYS** **FOR INPATIENT USE ONLY** Benadryl (diphenhydrAMINE) injectable, solution benazepril, Bentyl, Benylin, Benylin Adult Formula, Benylin DM Pediatric, Benylin Expectorant, Benylin Multi-Symptom, Benylin Multi-Symptom Cough, Benylin Pediatric **RESTRICTED TO INJECTABLE FORMULATION ONLY** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM** Benemid (probenecid) oral, tablet Bentyl (dicyclomine) injectable, solution; oral, syrup; oral, capsule; oral, tablet Benadryl, Bumex, Proventil benzocaine/butamben/tetracaine topical topical, ointment; topical, solution; topical, gel; topical, aerosol; topical, kit benzocaine-antipyrine otic (antipyrine-benzocaine otic) otic, solution Benzoin (benzoin topical) topical, tincture benzoin topical topical, tincture benzonatate oral, capsule benazepril, benztropine ** LIMITED TO FIVE DAY THERAPY** **PHYSICIAN USE ONLY** benztropine injectable, solution; oral, tablet benzonatate **PHYSICIAN USE ONLY** **PILL LINE ONLY** **RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM.

INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES** Betadine (povidone iodine topical) topical, ointment; topical, cream; topical, solution; topical, pad; topical, swab Betadine Surgical Scrub (povidone iodine topical) topical, soap betamethasone topical topical, ointment; topical, cream; topical, spray; topical, lotion **AUGMENTED FORMULATIONS NOT APPROVED** Betapace (sotalol) oral, tablet Betapace AF **CARDIOLOGIST INITIATED THERAPY ONLY** betaxolol ophthalmic ophthalmic, suspension; ophthalmic, solution bethanechol oral, tablet Betoptic (betaxolol ophthalmic) ophthalmic, solution Betagan, Betoptic S Betoptic S (betaxolol ophthalmic) ophthalmic, suspension Betoptic Biaxin (clarithromycin) oral, tablet ■ Bactrim **RESTRICTED TO PHYSICIAN / DENTIST USE ONLY** **SECOND LINE THERAPY FOR MOST INDICATIONS** bicalutamide oral, tablet Bicillin L-A (penicillin) intramuscular, suspension **BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED** Bicitra (citric acid-sodium citrate) oral, solution **USE RESTRICTED TO CHRONIC RENAL DISEASE** BiCNU (carmustine) intravenous, powder for injection Bilopaque Sodium (tyropanoate) oral, capsule bisacodyl oral, enteric coated tablet; rectal, suppository bisoprolol, Visicol bismuth subsalicylate oral, suspension; oral, tablet, chewable Blenoxane (bleomycin) injectable, powder for injection **bleomycin** injectable, powder for injection Bleph-10 (sulfacetamide sodium ophthalmic) ophthalmic, ointment; ophthalmic, solution **COMBINATION SULFACETAMIDE/PREDINISOLONE OPHTHALMIC FORMULATION (BLEPHAMIDE) NOT APPROVED** boric acid otic otic, solution boric acid topical topical, ointment; topical, solution Brethine (terbutaline) injectable, solution; oral, tablet methergine Brevibloc (esmolol) intravenous, solution

Bricanyl (terbutaline) injectable, solution; oral, tablet

Brevital Sodium

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calcium carbonate
brimonidine ophthalmic ophthalmic, solution
bromocriptine oral, capsule; oral, tablet
BSS (ophthalmic irrigation, intraocular) ophthalmic, solution
Buminate (albumin human) intravenous, solution
bupivacaine injectable, solution
  ropivacaine
Buprenex (buprenorphine) injectable, solution
  Bumex
      **FOR ANESTHESIA/SURGERY USE ONLY**
buprenorphine injectable, solution
      **FOR ANESTHESIA/SURGERY USE ONLY**
BuSpar (busPIRone) oral, tablet
busPIRone oral, tablet
  ♥ buPROPion
busulfan intravenous, solution; oral, tablet
Busulfex (busulfan) intravenous, solution
butorphanol injectable, solution
      **NASAL SPRAY NOT APPROVED**
      **PHYSICIAN/DENTIST USE ONLY**
      **LIMITED TO 5 DAYS THERAPY**
      **LIMITED TO PRE AND POST-OP THERAPY ONLY**
                                                                    Catapres
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD
      BE PULLED APART AND ADMINISTERED IN POWDER FORM **
Cafergot (caffeine-ergotamine) oral, tablet; rectal,
      suppository
                                                                    Cafergot
  Carafate
calamine topical topical, lotion
Calan (verapamil) oral, tablet
  Calan SR, Colace
Calan SR (verapamil) oral, tablet, extended release
  Calan, Cardizem CD, Cardizem SR
Calcijex (calcitriol) injectable, solution
      **ORAL ROUTE PREFERRED**
Calcimar (calcitonin) injectable, solution
calcipotriene topical topical, ointment; topical, cream;
      topical, solution
      **PHYSICIAN USE ONLY**
      **USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS**
calcitonin injectable, solution; nasal, spray
calcitriol injectable, solution; oral, capsule {P}; oral,
      liquid
  Calciferol
      **ORAL ROUTE PREFERRED**
calcium acetate injectable, solution; oral, tablet
                                                                   Calan SR, Cardizem SR
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calcium acetate-aluminum sulfate topical (aluminum sulfate-
      calcium acetate topical) topical, powder; topical,
      tablet, effervescent
calcium carbonate oral, tablet
  calcium acetate, calcium gluconate
calcium chloride injectable, solution
  calcium gluconate
calcium citrate oral, tablet
calcium gluconate injectable, solution
  calcium carbonate, calcium chloride
calcium lactate oral, tablet
calcium-vitamin D oral, tablet
Caltrate (calcium carbonate) oral, tablet
Camptosar (irinotecan) intravenous, solution
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
Canasa (mesalamine) rectal, suppository
      **USE IN SULFASALAZINE FAILURE OR ALLERGY**
capecitabine oral, tablet
Capoten (captopril) oral, tablet
capsaicin topical topical, cream
captopril oral, tablet
  carvedilol
Capzasin-P (capsaicin topical) topical, cream
Carafate (sucralfate) oral, suspension; oral, tablet
carbamazepine oral, suspension; oral, capsule, extended
      release; oral, tablet; oral, tablet, chewable; oral,
      tablet, extended release
      **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.
      BIPOLAR) **
carbamide peroxide otic otic, solution
Carbatrol (carbamazepine) oral, capsule, extended release
      **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.
      BIPOLAR) **
carbidopa-levodopa oral, tablet; oral, tablet, extended release
Carbocaine (mepivacaine) injectable, solution
carboplatin intravenous, solution; intravenous, powder for
     injection
  cisplatin
Cardizem (diltiazem) intravenous, solution; oral, tablet
  Cardene, Cardizem SR, clonidine
   **CARDIZEM SR NOT APPROVED**
Cardizem CD (diltiazem) oral, capsule, extended release
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CARDIZEM SR NOT APPROVED chlorambucil oral, tablet chlorhexidine topical mucous membrane, liquid; topical, liquid; Cardura (doxazosin) oral, tablet Cardene, Cordarone, Coumadin, K-Dur 10, K-Dur 20, topical, soap; topical, sponge chlorproMAZINE Ridaura **ORAL PREPARATION - DENTAL USE ONLY** carmustine intravenous, powder for injection cascara sagrada oral, liquid; oral, tablet **PILL LINE ONLY - ORAL FORMULATION** **TOPICAL SOLUTION/SCRUB RESTRICTED TO MEDICAL CENTERS cascara sagrada-magnesium hydroxide oral, suspension FOR PRE-OP USE ONLY** Casodex (bicalutamide) oral, tablet chlorotrianisene oral, capsule castor oil oral, suspension; oral, emulsion; oral, liquid Cathflo Activase (alteplase) intravenous, powder for injection Chronulac (lactulose) oral, syrup Ciloxan (ciprofloxacin ophthalmic) ophthalmic, ointment; Ceenu (lomustine) oral, capsule ophthalmic, solution cefazolin injectable, powder for injection; intravenous, **OPHTHALMIC SOLUTION RESTRICTED TO PSEUDOMONAS solution INFECTIONS OF THE EYE** cefepime, cefotaxime, cefotetan, cefoxitin, **PHYSICIAN USE ONLY** cefprozil, ceftazidime, ceftriaxone, cefuroxime, cephalexin cinacalcet oral, tablet **RESTRICTED TO DIALYSIS PATIENTS ONLY** cefixime oral, tablet **CONSIDER UTILIZING VA CINACALCET CRITERIA PRIOR TO cefpodoxime THERAPY INITIATION. **FOR OUINOLONE-RESISTANT GONOCOCCUS IN DETENTION http://www.pbm.va.gov/PBM/criteria.htm** FACILITIES** Cipro (ciprofloxacin) oral, tablet ceftazidime injectable, powder for injection; intravenous, Ceft.in solution **PHYSICIAN/DENTIST USE ONLY** cefazolin, cefotaxime, cefotetan, ceftizoxime, **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** ceftriaxone, cefuroxime Cipro I.V. (ciprofloxacin) intravenous, solution ceftriaxone injectable, powder for injection; intravenous, **PHYSICIAN/DENTIST USE ONLY** **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** cefazolin, Cefotan, cefotaxime, cefotetan, cefoxitin, ciprofloxacin intravenous, solution; oral, tablet ceftazidime, cefuroxime cephalexin, levofloxacin, ofloxacin CellCept (mycophenolate mofetil) intravenous, powder for **PHYSICIAN/DENTIST USE ONLY** injection; oral, suspension; oral, capsule; oral, tablet **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** cephalexin oral, capsule; oral, tablet cefaclor, cefazolin, cefuroxime, ciprofloxacin ciprofloxacin ophthalmic ophthalmic, ointment; ophthalmic, solution Cephulac (lactulose) oral, syrup **OPHTHALMIC SOLUTION RESTRICTED TO PSEUDOMONAS Ceptaz (ceftazidime) injectable, powder for injection INFECTIONS OF THE EYE** Cerubidine (DAUNOrubicin) intravenous, powder for injection **PHYSICIAN USE ONLY** Cervical Amino Acid (amino acids-urea topical) vaginal, cream cisplatin intravenous, solution; intravenous, powder for with applicator injection **APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY** carboplatin Cetacaine (benzocaine/butamben/tetracaine topical) topical, Citracal (calcium citrate) oral, tablet ointment; topical, solution; topical, gel; topical, Citrucel aerosol; topical, kit Citrate of Magnesia (magnesium citrate) oral, liquid charcoal oral, suspension citric acid-potassium citrate oral, liquid chloral hydrate oral, syrup; oral, capsule citric acid-sodium citrate oral, solution **PILL LINE ONLY** **USE RESTRICTED TO CHRONIC RENAL DISEASE** **PHYSICIANS/DENTISTS USE ONLY** **RESTRICTED TO EEG STUDIES** clarithromycin oral, tablet

- **RESTRICTED TO PHYSICIAN / DENTIST USE ONLY**
- **SECOND LINE THERAPY FOR MOST INDICATIONS**
- Cleocin HCl (clindamycin) oral, capsule
 - **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
 - **TOPICAL FORMULATION NOT APPROVED**
- Cleocin Phosphate (clindamycin) intravenous, solution
 - **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
 - **TOPICAL FORMULATION NOT APPROVED**
- clindamycin intravenous, solution; oral, capsule
 - **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
 - **TOPICAL FORMULATION NOT APPROVED**
- Clinoril (sulindac) oral, tablet
 - Clozaril, Oruvail
- clonazepam oral, tablet
 - alprazolam, clonidine, clorazepate, diazepam, Klonopin, lorazepam
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
 - **ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE WITHOUT NON-FORMULARY APPROVAL**
 - **IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER: 180 DAY MEDICATION ORDERS MAY BE WRITTEN**
 - **BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIZEPINES HAVE BEEN INEFFECTIVE AND ARE NON-RENEWABLE**
 - **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**
- clopidogrel oral, tablet
 - **PHYSICIAN USE ONLY**
 - **USE IN ASPIRIN INTOLERANCE OR FAILURE AS ANTIPLATELET ALTERNATIVE**
- clotrimazole oral, lozenge; topical, cream; topical, powder;
 topical, solution; topical, lotion; vaginal, cream with
 applicator; vaginal, kit; vaginal, tablet
- clozapine oral, tablet
 - **PSYCHIATRIST USE ONLY**
 - **PILL LINE ONLY**
 - **FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS**
 - **INITIATE AT MEDICAL REFERAL CENTER ONLY**

- Clozaril (clozapine) oral, tablet
 - Clinoril, Colazal
 - **PSYCHIATRIST USE ONLY**
 - **PILL LINE ONLY**
 - **FAILURE OF AT LEAST 2 OTHER ATYPICAL AGENTS**
 - **INITIATE AT MEDICAL REFERAL CENTER ONLY**
- - **RESTRICTED TO SEBORRHEA AND PSORIASIS**
- coal tar topical compounding, solution; topical, ointment;
 topical, cream; topical, solution; topical, shampoo;
 topical, gel; topical, lotion; topical, liquid
 - **RESTRICTED TO SEBORRHEA AND PSORIASIS**
- coal tar/salicylic acid/sulfur topical topical, ointment;
 topical, shampoo; topical, lotion
 - **RESTRICTED TO SEBORRHEA AND PSORIASIS**
- codeine injectable, solution; oral, solution; oral, tablet
 - Cardene, iodine topical, Lodine
 - **PHYSICIAN/DENTIST USE ONLY**
 - **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**
 - **PILL LINE ONLY**
 - **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM**
- - **PHYSICIAN/DENTIST USE ONLY**
 - **ORDER MAY NOT EXCEED 30 DAYS**
 - **PILL LINE ONLY**
 - **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**
- Cogentin (benztropine) injectable, solution; oral, tablet
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
 - **RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**
- Colace (docusate) oral, syrup; oral, capsule; oral, liquid
- colchicine intravenous, solution; oral, tablet
 - clonidine
- Colestid (colestipol) oral, granule for reconstitution; oral,

tablet

colestipol oral, granule for reconstitution; oral, tablet
collagenase topical topical, ointment

colloidal oatmeal topical topical, powder

INPATIENT USE ONLY

Combivent (albuterol-ipratropium) inhalation, aerosol with
 adapter

Combivir (lamivudine-zidovudine) oral, tablet

Epivir

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

PHYSICIAN USE ONLY

ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY

Condylox (podofilox topical) topical, solution; topical, gel
conjugated estrogens oral, tablet

NON-SUBSTITUTABLE -- USE PREMARIN ONLY

MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE

ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY MEDICAL DIRECTOR

ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY MEDICAL DIRECTOR

UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL

REFER TO PARAPHILIA TREATMENT GUIDELINE

Conray (iothalamate) injectable, solution

Contact Care Items ophthalmic, solution

FOR MEDICALLY NECESSARY CONTACTS - SEE CURRENT POLICY
Copequs (ribavirin) oral, tablet

PILL LINE ONLY

**MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C

APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

Cordarone (amiodarone) oral, tablet

Cardura, Coumadin

CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY USE

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

Cordarone I.V. (amiodarone) intravenous, solution

**CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

Corgard (nadolol) oral, tablet

Cognex, Cozaar

Cortef (hydrocortisone) oral, suspension; oral, tablet

Lortab 10, Lortab 2.5/500, Lortab 5/500, Lortab 7.5/500, Lortab ASA, Lortab Elixir

Cortenema (hydrocortisone) rectal, suspension

corticotropin injectable, solution; injectable, powder for injection

Cortisporin Cream (hydrocortisone/neomycin/polymyxin B topical)
 topical, cream

Cortisporin Otic

Cortisporin Ophthalmic Suspension

(hydrocortisone/neomycin/polymyxin B ophth) ophthalmic, suspension

RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY

Cortisporin Otic (hydrocortisone/neomycin/polymyxin B otic)
 otic, suspension; otic, solution

Cortisporin Ophthalmic

Cortrosyn (cosyntropin) injectable, powder for injection
Cosmegen (dactinomycin) intravenous, solution

Cosopt (dorzolamide-timolol ophthalmic) ophthalmic, solution

Trusopt

OPHTHALMOLOGIST INITIATION ONLY

cosyntropin injectable, powder for injection

Marien, Avandia, Cardura, Cordarone

NON-SUBSTITUTABLE -- USE COUMADIN ONLY

Crixivan (indinavir) oral, capsule

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

cromolyn inhalation, solution; inhalation, aerosol with
 adapter; nasal, spray

cromolyn ophthalmic ophthalmic, solution

Cuprimine (penicillamine) oral, capsule

Cyclogyl (cyclopentolate ophthalmic) ophthalmic, solution cyclopentolate ophthalmic ophthalmic, solution cyclophosphamide intravenous, powder for injection; oral, tablet cycloSPORINE cycloSPORINE injectable, solution; oral, solution; oral, capsule; oral, liquid cyclophosphamide, cycloSERINE Cycrin (medroxyPROGESTERone) oral, tablet **MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE** **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR** **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERPAY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR ** **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE** cytarabine injectable, solution; injectable, powder for injection Cytosar-U, Cytoxan Cytomel (liothyronine) oral, tablet Cytosar-U (cytarabine) injectable, powder for injection rytarabine, Cytovene, Cytoxan, Neosar Cytotec (misoprostol) oral, tablet Cvtoxan Cytovene (ganciclovir) intravenous, powder for injection; oral, capsule Cvtosar-U Cytoxan (cyclophosphamide) intravenous, powder for injection; oral, tablet grandine, Cytosar-U, Cytotec Cytoxan Lyophilized (cyclophosphamide) intravenous, powder for injection dacarbazine intravenous, powder for injection Dacriose (ophthalmic irrigation, extraocular) ophthalmic, solution dactinomycin intravenous, solution daptomycin dalteparin subcutaneous, solution danazol oral, capsule Dantrium Danocrine (danazol) oral, capsule Tantrium

dapsone oral, tablet Daraprim (pyrimethamine) oral, tablet darbepoetin alfa injectable, solution **RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS** **RESTRICTED TO MEDICAL REFERRAL CENTERS** **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS** **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY** DAUNOrubicin intravenous, liquid; intravenous, powder for injection DOXOrubicin DDAVP (desmopressin) intravenous, solution; oral, tablet DDAVP Nasal (desmopressin) nasal, spray ddI (didanosine) oral, delayed release capsule; oral, powder for reconstitution; oral, tablet, chewable ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Debrox (carbamide peroxide otic) otic, solution Decadron (dexamethasone) injectable, solution; oral, elixir; oral, tablet **ORAL FORMULATION RESTRICTED TO PHYSICIAN/DENTIST USE ONLY** Decadron Phosphate, Ophthalmic (dexamethasone ophthalmic) ophthalmic, ointment **RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY** **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED** Deca-Durabolin (nandrolone) intramuscular, solution **MEDICAL REFERAL CENTER USE ONLY** **FOR ONCOLOGY USE AND HIV WASTING SYNDROME ONLY** Declomycin (demeclocycline) oral, tablet deferoxamine injectable, powder for injection cefuroxime Delestrogen (estradiol) intramuscular, solution **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE** Deltasone (predniSONE) oral, tablet demeclocycline oral, tablet dicyclomine Demerol HCl (meperidine) injectable, solution Demadex, Desyrel, Dilaudid **ORAL FORMULATION NOT APPROVED**

- **PHYSICIAN/DENTIST USE ONLY**
- **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**
- **PILL LINE ONLY**
- **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
- **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**
- Depakene (valproic acid) oral, syrup; oral, capsule
 - Depakote
 - **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) **
- Depo-Estradiol (estradiol) intramuscular, solution
- Depo-Testadiol
 - **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL**
 - **REFER TO PARAPHILIA TREATMENT GUIDELINE**
- Depo-Medrol (methylPREDNISolone) injectable, suspension
 Depo-Provera, Solu-Medrol
- - **MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE**
 - **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR**
 - **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERPAY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR **
 - **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL**
 - **REFER TO PARAPHILIA TREATMENT GUIDELINE**
- Desferal (deferoxamine) injectable, powder for injection
 DexFerrum
- desflurane inhalation, liquid
 desipramine oral, tablet
 - clomiPRAMINE, imipramine, nortriptyline
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
 - **NOT TO BE ROUTINELY USED AS A SLEEP AGENT**
 - **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES
 EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID,
 ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON
 AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN
 THE PACKAGE INSERT**

- desmopressin intravenous, solution; nasal, spray; oral, tablet
 Desyrel (trazodone) oral, tablet
 - Demerol HCl
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
 - **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT**
- dexamethasone injectable, suspension; injectable, solution; intravenous, solution; oral, elixir; oral, concentrate; oral, tablet
 - **ORAL FORMULATION RESTRICTED TO PHYSICIAN/DENTIST USE ONLY**
- - **RESTRICTED TO OPTOMETRIST/PHYSICIAN USE ONLY**
 - **COMBINATION TOBRAMYCIN/DEXAMETHASONE OPHTHALMIC FORMULATIONS (TOBRADEX) NOT APPROVED**
- **RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**
 dexamethasone-neomycin ophthalmic ophthalmic, ointment;
 - ophthalmic, solution
 - **RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**

- Dextrose with NaCL (LVP solution) intravenous, solution
 Dialyte (LVP solution) intraperitoneal, solution
 Diamox (acetaZOLAMIDE) oral, tablet
 - Dobutrex
- Diatrizoate Meglumine (diatrizoate) injectable, solution diazoxide injectable, solution; oral, suspension; oral, capsule Dibenzyline (phenoxybenzamine) oral, capsule Dibucaine (dibucaine topical) topical, ointment dibucaine topical topical, ointment; topical, cream diclofenac ophthalmic ophthalmic, solution
 - **OPHTHALMIC FORMULATION APPROVED ONLY**

dicloxacillin oral, capsule doxycycline dicyclomine injectable, solution; oral, syrup; oral, capsule; oral, tablet demeclocycline, diphenhydrAMINE didanosine oral, delayed release capsule; oral, powder for reconstitution; oral, tablet, chewable ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Didronel (etidronate) oral, tablet diethylstilbestrol injectable, solution; oral, tablet Diflucan (fluconazole) intravenous, solution; oral, powder for reconstitution; oral, tablet Dilantin, Dilantin Infatabs, Dilantin Kapseals, Dilantin-125, Diprivan **NOT APPROVED FOR ONYCHOMYCOSIS** Digitek (digoxin) oral, tablet digoxin injectable, solution; oral, elixir; oral, capsule; oral, tablet doxepin Dilantin (phenytoin) injectable, solution; oral, capsule Diflucan **NON-SUBSTITUTABLE -- USE DILANTIN ORAL FORMULATION ONLY** **USE SUSPENSION WITH CAUTION** Dilantin Kapseals (phenytoin) oral, capsule, extended release Diflucan **NON-SUBSTITUTABLE -- USE DILANTIN ORAL FORMULATION ONLY** **USE SUSPENSION WITH CAUTION** diltiazem intravenous, solution; intravenous, powder for injection; oral, capsule, extended release; oral, tablet **CARDIZEM SR NOT APPROVED** Dioctocal (docusate) oral, capsule diphenhydrAMINE injectable, solution dicyclomine, dipyridamole **RESTRICTED TO INJECTABLE FORMULATION ONLY** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM** dipivefrin ophthalmic ophthalmic, solution Diprivan (propofol) intravenous, emulsion Diflucan, Ditropan Diprosone (betamethasone topical) topical, ointment; topical, cream; topical, lotion **AUGMENTED FORMULATIONS NOT APPROVED** dipyridamole intravenous, solution; oral, tablet

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diphenhvdrAMINE
Disalcid (salsalate) oral, tablet
disopyramide oral, capsule; oral, capsule, extended release
Ditropan (oxybutynin) oral, syrup; oral, tablet
  diazepam, Diprivan
DOBUTamine intravenous, solution
  ■ DOPamine
Dobutrex (DOBUTamine) intravenous, solution
  Diamox, DOPamine
docetaxel intravenous, solution
  paclitaxel
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
docusate oral, syrup; oral, capsule; oral, liquid
Dolophine (methadone) injectable, solution; oral, tablet
      **REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE
      MAINTENANCE, DETOX, & LICENSING**
      **METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN
      (ONGOING DOCUMENTATION REQUIRED) **
      **INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO
      MEDICAL REFERRAL CENTERS (MRC'S) ONLY**
      **PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR
      PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD
      CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER
      FORMULARY OPIATE**
      **PHYSICIAN USE ONLY**
      **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY
      PHARMACY PROGRAM STATEMENT**
      **PILL LINE ONLY, TABLETS MUST BE CRUSHED AND MIXED WITH
      WATER AT TIME OF ADMINISTRATION**
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD
      BE PULLED APART AND ADMINISTERED IN POWDER FORM**
Domeboro (aluminum sulfate-calcium acetate topical) topical,
      powder; topical, tablet, effervescent
Domeboro Otic (acetic acid-aluminum acetate otic) otic,
      solution
DOPamine intravenous, solution
   DOBUTamine, Dobutrex
Dopram (doxapram) intravenous, solution
dorzolamide ophthalmic ophthalmic, solution
      **OPHTHALMOLOGIST INITIATION ONLY**
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dorzolamide-timolol ophthalmic ophthalmic, solution
 OPHTHALMOLOGIST INITIATION ONLY

Dovonex (calcipotriene topical) topical, ointment; topical,

DOS (docusate) oral, capsule

cream; topical, solution **PHYSICIAN USE ONLY** **USE AFTER FAILURE TO "VERY HIGH POTENCY STEROIDS** doxapram intravenous, solution doxazosin oral, tablet donepezil, terazosin doxepin oral, capsule; oral, concentrate digoxin, doxycycline **PHYSICIAN USE ONLY** **PILL LINE ONLY** **NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT** doxercalciferol injectable, solution; oral, capsule **ORAL ROUTE PREFERRED** DOXOrubicin intravenous, solution; intravenous, powder for injection DAUNOrubicin, DOXOrubicin liposomal, idarubicin doxycycline injectable, powder for injection; oral, syrup; oral, capsule; oral, delayed release capsule; oral, powder for reconstitution; oral, tablet dicloxacillin, doxepin **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** droperidol injectable, solution DSS (docusate) oral, capsule DTIC-Dome (dacarbazine) intravenous, powder for injection Dulcolax Laxative (bisacodyl) oral, enteric coated tablet; rectal, suppository **DuoNeb** (albuterol-ipratropium) inhalation, solution

Duragen (estradiol) intramuscular, solution **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE** Duragesic-25 (fentanyl) transdermal, film, extended release

PHYSICIAN/DENTIST USE ONLY **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**

PILL LINE ONLY

MEDICAL CENTER ONLY

PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN

**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO

ADMINISTRATION**

IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM

d-xylose oral, powder for reconstitution Dyazide (hydrochlorothiazide-triamterene) oral, capsule

Dycill (dicloxacillin) oral, capsule

Dynapen (dicloxacillin) oral, capsule

Dyrenium (triamterene) oral, capsule

E.E.S.-400 (ervthromycin) oral, suspension

TOPCICAL FORMULATIONS NOT APPROVED

E.E.S.-400 Filmtab (erythromycin) oral, tablet

TOPCICAL FORMULATIONS NOT APPROVED

echothiophate iodide ophthalmic ophthalmic, powder for reconstitution

Ecotrin (aspirin) oral, enteric coated tablet

edrophonium injectable, solution

efavirenz oral, capsule; oral, tablet

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

Effexor (venlafaxine) oral, tablet

Effexor XR

PHYSICIAN USE ONLY

PILL LINE ONLY

Efudex (fluorouracil topical) topical, cream; topical, solution

Elase (fibrinolysin and desoxyribonuclease topical) topical, ointment.

Elavil (amitriptyline) intramuscular, solution; oral, tablet

Enbrel, Oruvail, Plavix **PHYSICIAN USE ONLY**

PILL LINE ONLY

NOT TO BE ROUTINELY USED AS A SLEEP AGENT

RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID. ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT

Eldepryl (selegiline) oral, capsule; oral, tablet enalapril

Elimite (permethrin topical) topical, cream **NOT APPROVED FOR PROPHYLAXIS**

Ellence (epirubicin) intravenous, injection

RESTRICTED TO MEDICAL REFERRAL CENTERS

Elspar (asparaginase) injectable, powder for injection emollients, topical topical, cream

RESTRICTED AS COMPOUNDING AGENT ONLY

emtricitabine oral, capsule

- ** PHYSICIAN INITIATION ONLY **
- ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- **RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REOUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**

emtricitabine-tenofovir oral, tablet

- ** PHYSICIAN INITIATION ONLY **
- ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- **RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REOUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**

Emtriva (emtricitabine) oral, capsule

- ** PHYSICIAN INITIATION ONLY **
- ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- **RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REOUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE **GUIDELINES****
- E-Mycin (erythromycin) oral, enteric coated tablet; oral, tablet, coated particles

TOPCICAL FORMULATIONS NOT APPROVED

Engerix-B (hepatitis B vaccine) intramuscular, suspension Engerix-B Pediatric (hepatitis B vaccine) intramuscular, suspension

Enlon (edrophonium) injectable, solution enoxaparin subcutaneous, solution

enoxacin

Ensure oral, liquid

- **PHYSICIAN/DENTIST/DIETICIAN USE ONLY**
- **RESTRICTED TO BROKEN JAW, HUNGER STRIKE, TEMPORARY DENTAL PROCEDURES, THOSE UNABLE TO EAT SOLID FOOD AS A RESULT OF A MEDICAL OR PSYCHIATRIC CONDITION / PROCEDURE OR OTHER MEDICAL CONDITION WHEN SPECIFICALLY INDICATED** **PILL LINE ONLY**
- **MUST CONSUME PRESCRIBED DOSE AT PILL LINE**

Enuclene (tyloxapol ophthalmic) ophthalmic, solution

NOTE: FOR ARTIFICIAL EYES

Epifrin (epinephrine ophthalmic) ophthalmic, solution epinephrine inhalation, solution; inhalation, aerosol; injectable, solution; injectable, kit; subcutaneous,

suspension

- ephedrine, Neo-Synephrine, norepinephrine epinephrine ophthalmic ophthalmic, solution EpiPen Auto-Injector (epinephrine) injectable, kit epirubicin intravenous, injection
 - **RESTRICTED TO MEDICAL REFERRAL CENTERS**
- Epivir (lamivudine) oral, solution; oral, tablet

Combivir

- ** PHYSICIAN INITIATION ONLY **
- ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- **RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REOUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES**
- EPO (epoetin alfa) injectable, solution
 - **DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**
 - **RESTRICTED TO MEDICAL REFERRAL CENTERS**
 - **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS**
 - **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**
- epoetin alfa injectable, solution
 - **DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**
 - **RESTRICTED TO MEDICAL REFERRAL CENTERS**
 - **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS**
 - **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**

Epogen (epoetin alfa) injectable, solution

Neupogen

- **DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**
- **RESTRICTED TO MEDICAL REFERRAL CENTERS**
- **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS**
- **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**

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Epzicom (abacavir-lamivudine) oral, tablet
      ** PHYSICIAN INITIATION ONLY **
      ** HIV MEDICATION DISTRIBUTION RESTRICTION **
      **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
      http://www.fda.gov/cder/Offices/ODS/labeling.htm**
Ergamisol (levamisole) oral, tablet
Ergomar (ergotamine) sublingual, tablet
ergonovine injectable, solution; oral, tablet
ergotamine sublingual, tablet
ergotamine-caffeine (caffeine-ergotamine) oral, tablet; rectal,
      suppository
Eryc (erythromycin) oral, delayed release capsule
      **TOPCICAL FORMULATIONS NOT APPROVED**
Ery-Tab (erythromycin) oral, enteric coated tablet
      **TOPCICAL FORMULATIONS NOT APPROVED**
erythromycin injectable, powder for injection; oral,
      suspension; oral, capsule; oral, delayed release capsule;
      oral, enteric coated tablet; oral, granule for
      reconstitution; oral, tablet; oral, tablet, chewable;
      oral, tablet, coated particles
  azithromycin
      **TOPCICAL FORMULATIONS NOT APPROVED**
erythromycin ophthalmic ophthalmic, ointment
erythropoietin, recombinant (epoetin alfa) injectable, solution
      **DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS
      PATIENTS**
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
      **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER
      CHEMOTHERAPY PATIENTS**
      **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH
      INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH
      CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE
      INITIATING THERAPY**
Eskalith (lithium) oral, capsule
  Estratest
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
Eskalith-CR (lithium) oral, tablet, extended release
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
esmolol intravenous, solution
  Osmitrol
Estar (coal tar topical) topical, gel
      **RESTRICTED TO SEBORRHEA AND PSORIASIS**
esterified estrogens oral, tablet
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Estinyl (ethinyl estradiol) oral, tablet
Estrace (estradiol) oral, tablet
  Evista
      **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN
      MEDICAL DIRECTOR APPROVAL**
      **REFER TO PARAPHILIA TREATMENT GUIDELINE**
Estraderm (estradiol) transdermal, film, extended release
  Testoderm
      **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN
      MEDICAL DIRECTOR APPROVAL**
      **REFER TO PARAPHILIA TREATMENT GUIDELINE**
estradiol intramuscular, solution; oral, tablet; transdermal,
      gel; transdermal, emulsion; transdermal, film;
      transdermal, film, extended release
  ethinyl estradiol, Risperdal
      **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN
      MEDICAL DIRECTOR APPROVAL**
      **REFER TO PARAPHILIA TREATMENT GUIDELINE**
estrone intramuscular, solution
estropipate oral, tablet
ethambutol oral, tablet
      **PILL LINE ONLY**
ethinyl estradiol oral, tablet
  estradiol
ethinyl estradiol-levonorgestrel oral, tablet
ethinyl estradiol-norethindrone oral, tablet
Ethyl Chloride (ethyl chloride topical) topical, spray
      **FOR CLINIC USE ONLY**
ethyl chloride topical topical, spray
   **FOR CLINIC USE ONLY**
etidronate oral, tablet
  etomidate, etretinate
etoposide intravenous, solution; intravenous, powder for
      injection; oral, capsule
Eucerin (emollients, topical) topical, cream
      **RESTRICTED AS COMPOUNDING AGENT ONLY**
Eulexin (flutamide) oral, capsule
  Edecrin, Entex LA
Exsel (selenium sulfide topical) topical, shampoo
Factor VIII (antihemophilic factor) intravenous, powder for
      injection
      **HUMAN**
Feldene (piroxicam) oral, capsule
fentanyl injectable, solution; transdermal, film, extended
      release
  sufentanil
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- **PHYSICIAN/DENTIST USE ONLY** **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **PILL LINE ONLY** **MEDICAL CENTER ONLY** **PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM** Fergon (ferrous gluconate) oral, tablet Ferrlecit (sodium ferric gluconate complex) intravenous, ferrous qluconate oral, capsule; oral, liquid; oral, tablet; oral, tablet, extended release FiberCon (polycarbophil) oral, tablet Fiberlax (polycarbophil) oral, tablet Fibertab (polycarbophil) oral, tablet fibrinolysin and desoxyribonuclease topical topical, ointment Flagyl (metronidazole) oral, tablet **INJECTION LIMITED TO PATIENTS THAT ARE NPO** Flagyl I.V. (metronidazole) intravenous, powder for injection **INJECTION LIMITED TO PATIENTS THAT ARE NPO** Fleet Enema (sodium biphosphate-sodium phosphate) rectal, enema Fleet Phospho Soda Fleet Phospho Soda (sodium biphosphate-sodium phosphate) oral, solution Fleet Enema
- flexible hydroactive dressing granules (Duoderm) topical, bandage
- Florinef Acetate (fludrocortisone) oral, tablet Fioricet, fluoride
- Flovent (fluticasone) inhalation, aerosol with adapter Atrovent, Flomax, Flonase
 - **AEROSOL POWDER NOT APPROVED**
 - **NASAL SPRAY NOT APPROVED**
 - **SECOND LINE AGENT**
- fluconazole intravenous, solution; oral, powder for reconstitution; oral, tablet
 - **NOT APPROVED FOR ONYCHOMYCOSIS**
- Fludara (fludarabine) intravenous, powder for injection
- fludarabine intravenous, powder for injection Flumadine
- fludrocortisone oral, tablet

- flumazenil intravenous, solution
- flunisolide nasal nasal, spray
 - **NASAL FORMULATION ONLY APPROVED**
- fluocinonide topical topical, ointment; topical, cream; topical, solution; topical, gel
 - fluocinolone topical, fluorouracil
- Fluogen (influenza virus vaccine, inactivated) intramuscular, suspension
- fluorescein ophthalmic ophthalmic, solution; ophthalmic, test fluoride topical topical, cream
 - **RESTRICTED TO CREAM FORMULATION ONLY**
- Fluor-I-Strip (fluorescein ophthalmic) ophthalmic, test fluorometholone ophthalmic ophthalmic, suspension; ophthalmic,
 - **RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**
- Fluor-Op (fluorometholone ophthalmic) ophthalmic, suspension **RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**
- fluorouracil intravenous, solution
 - flucytosine, fluocinonide topical
- fluorouracil topical topical, cream; topical, solution fluoxetine oral, solution; oral, capsule; oral, tablet
 - famotidine, fluphenazine, fluvastatin, fluvoxamine, furosemide, paroxetine
 - **PHYSICIAN USE ONLY**
 - **ONCE A WEEK FORMULATION NOT APPROVED**
 - **FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**
 - **MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY WITH COMPLIANCE MONITORING**
 - **MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT**
 - **NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**
- fluphenazine injectable, solution; oral, elixir; oral, concentrate; oral, tablet
 - fluoxetine, perphenazine, trifluoperazine
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
- **flutamide** oral, capsule
- fluticasone inhalation, suspension; inhalation, aerosol with
 - **AEROSOL POWDER NOT APPROVED**
 - **NASAL SPRAY NOT APPROVED**
 - **SECOND LINE AGENT**
- fluvastatin oral, capsule
 - fluoxetine
 - **RESTRICTED TO PATIENTS TAKING PROTEASE INHIBITORS**

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**NOT APPROVED FOR BID DOSING**
      **EXTENDED RELEASE NOT APPROVED**
Fluzone (influenza virus vaccine, inactivated) intramuscular,
      suspension
FML Liquifilm (fluorometholone ophthalmic) ophthalmic,
      suspension
  FML Forte Liquifilm, FML S.O.P., FML-S Liquifilm
      **RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**
FML S.O.P. (fluorometholone ophthalmic) ophthalmic, ointment
  FML Forte Liquifilm, FML Liquifilm, FML-S Liquifilm
      **RESTRICTED TO OPTOMETRIST OR OPHTHALMOLOGIST ONLY**
folic acid injectable, solution; oral, tablet
Forane (isoflurane) inhalation, liquid
      **MEDICAL REFERRAL CENTER USE ONLY**
Fortaz (ceftazidime) injectable, powder for injection;
      intravenous, solution
Fosamax (alendronate) oral, solution; oral, tablet
  Flomax
fosamprenavir oral, tablet
      **PHYSICIAN INITIATION ONLY**
      **HIV MEDICATION DISTRIBUTION RESTRICTION**
foscarnet intravenous, solution
Foscavir (foscarnet) intravenous, solution
Fragmin (dalteparin) subcutaneous, solution
Freamine III (parenteral nutrition solution) intravenous,
      solution; intravenous, kit
Fungizone (amphotericin B) intravenous, powder for injection;
      oral, suspension
furosemide injectable, solution; oral, solution; oral, liquid;
      oral, tablet
  famotidine, fluoxetine, fosinopril, torsemide
gadopentetate dimeglumine injectable, solution
ganciclovir intravenous, powder for injection; oral, capsule
ganciclovir ophthalmic intraocular, implant
Garamycin (gentamicin) injectable, solution
Garamycin Ophthalmic (gentamicin ophthalmic) ophthalmic,
      ointment; ophthalmic, solution
gatifloxacin intravenous, solution; oral, tablet
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
qatifloxacin ophthalmic ophthalmic, solution
      **PHYSICIAN USE ONLY**
Gaviscon (alginic acid/Al hydroxide/Mg trisilicate) oral,
      tablet, chewable
Gaviscon-2 (alginic acid/Al hydroxide/Mg trisilicate) oral,
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gelatin & pectin & sodium carboxymethylcellulose oral
      transmucosal, paste
gelfoam topical, sponge
Gelusil (Al hydroxide/Mg hydroxide/simethicone) oral,
      suspension; oral, tablet, chewable
gemcitabine intravenous, powder for injection
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
gemfibrozil oral, tablet
Gemzar (gemcitabine) intravenous, powder for injection
  Zinecard
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
gentamicin injectable, solution; intravenous, solution
  tobramycin, vancomycin
gentamicin ophthalmic ophthalmic, ointment; ophthalmic,
      solution
Geodon (ziprasidone) oral, capsule
      **INJECTION NOT APPROVED**
      **PILL LINE ONLY**
      **PHYSICIAN USE ONLY**
Gleevec (imatinib) oral, capsule; oral, tablet
glucagon injectable, powder for injection
Glucophage (metformin) oral, tablet
  Glucophage XR, Glucotrol, Glutofac
      **EXTENDED RELEASE TABLET NOT APPROVED**
glucose intravenous, solution; oral, gel; oral, liquid; oral,
      tablet, chewable
Glutose (glucose) oral, gel; oral, tablet, chewable
qlyBURIDE oral, tablet
 glipiZIDE, Glucotrol
glycerin oral, solution; rectal, suppository
  mitroglycerin
qlycerin ophthalmic ophthalmic, solution
qlycerin otic otic, solution
qlycopyrrolate injectable, solution; oral, tablet
GM-CSF (sargramostim) intravenous, solution; intravenous,
      powder for injection
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
gold sodium thiomalate intramuscular, suspension
GolyTELY (polyethylene glycol 3350 with electrolytes) oral,
      powder for reconstitution
gramicidin/neomycin/polymyxin B ophthalmic ophthalmic, solution
      **OPHTHALMIC SOLUTION ONLY**
granisetron intravenous, solution; oral, solution; oral, tablet
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RESTRICTED TO MEDICAL REFERRAL CENTERS

RADIATION USE ONLY**

**RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND

tablet, chewable

- - Regranex
- **Gyne-Lotrimin** (clotrimazole topical) vaginal, cream with applicator; vaginal, tablet
- - Halcion, Haldol Decanoate, Inderal, Stadol
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
 - **RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**
- Haldol Decanoate (haloperidol) injectable, solution
 - Haldol
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
 - **RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**
- haloperidol injectable, solution; oral, concentrate; oral, tablet
 - Halotestin
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
 - **RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL (IMMEDIATE ACTING) & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES**
- Havrix (hepatitis A adult vaccine) intramuscular, suspension
 PHYSICIAN USE ONLY
 - **RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE, AND HCV & HIV CO-INFECTED PATIENTS**
- - **PHYSICIAN USE ONLY**
 - **RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE**
- H-BIG (hepatitis B immune globulin) intramuscular, solution

- HCTZ (hydrochlorothiazide) oral, solution; oral, capsule; oral, tablet

- - Hespan, Levaquin
- hepatitis A adult vaccine intramuscular, suspension
 - **PHYSICIAN USE ONLY**
 - **RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE, AND HCV & HIV CO-INFECTED PATIENTS**
- - **RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE**
- - **HEPATITIS A VACCINE RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE**
- hepatitis B immune globulin intramuscular, solution
- hepatitis B vaccine intramuscular, suspension
- hepatitis B-hepatitis A vaccine (hepatitis A-hepatitis B vaccine) intramuscular, suspension
 - **PHYSICIAN USE ONLY**
 - **HEPATITIS A VACCINE RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE**
- Herceptin (trastuzumab) intravenous, kit
 - **RESTRICTED TO MEDICAL REFERRAL CENTERS**
- Hespan (hetastarch) intravenous, solution

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hetastarch intravenous, solution
Hibiclens (chlorhexidine topical) topical, soap; topical,
      **TOPICAL SOLUTION/SCRUB RESTRICTED TO MEDICAL CENTERS
      FOR PRE-OP USE ONLY**
Hibistat (chlorhexidine topical) topical, liquid
      **TOPICAL SOLUTION/SCRUB RESTRICTED TO MEDICAL CENTERS
      FOR PRE-OP USE ONLY**
histamine phosphate injectable, solution
Histatrol (histamine phosphate) injectable, solution
Histolyn-Cyl (histoplasmin) injectable, solution
histoplasmin injectable, solution
Histoplasmin Diluted (histoplasmin) injectable, solution
homatropine ophthalmic ophthalmic, solution
Hospital Antiseptic (povidone iodine topical) topical, solution
Humate-P (antihemophilic factor) intravenous, powder for
      injection
      **HUMAN**
Humulin L (insulin zinc) subcutaneous, injection
  Humalog, Humalog Mix 50/50 Pen, Humalog Mix 75/25,
      Humalog Mix 75/25 Pen, Humalog Pen, Humulin N, Humulin
      N Pen, Humulin U
      **HUMAN INSULIN ONLY**
      **INSULIN 70/30 NOT APPROVED**
      **INSULIN GLARGINE NOT APPROVED**
      **INSULIN LISPRO NOT APPROVED**
      **INSULIN ASPARTATE NOT APPROVED**
Humulin N (insulin isophane) subcutaneous, injection
  Humalog, Humalog Mix 50/50 Pen Humalog Mix 75/25 Humalog
      Mix 75/25 Pen Humalog Pen Humulin 70/30 Humulin 70/30 Pen
      Humulin L Humulin R Humulin U. Novolin N
      **HUMAN INSULIN ONLY**
      **INSULIN 70/30 NOT APPROVED**
      **INSULIN GLARGINE NOT APPROVED**
      **INSULIN LISPRO NOT APPROVED**
      **INSULIN ASPARTATE NOT APPROVED**
Humulin R (insulin regular) injectable, solution {R}
  Humalog, Humalog Mix 50/50 Pen Humalog Mix 75/25 Humalog
      Mix 75/25 Pen Humalog Pen Humulin 70/30 Humulin 70/30 Pen
      Humulin N Humulin N Pen Humulin U, Novolin R
      **HUMAN INSULIN ONLY**
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heparin

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Humulin U (insulin zinc extended) subcutaneous, injection
  Humalog, Humalog Mix 50/50 Pen, Humalog Mix 75/25,
      Humalog Mix 75/25 Pen, Humalog Pen, Humulin L, Humulin
      N. Humulin N Pen. Humulin R
      **HUMAN INSULIN ONLY**
      **INSULIN 70/30 NOT APPROVED**
      **INSULIN GLARGINE NOT APPROVED**
      **INSULIN LISPRO NOT APPROVED**
      **INSULIN ASPARTATE NOT APPROVED**
hyaluronidase injectable, solution; injectable, powder for
      injection
Hycamtin (topotecan) intravenous, powder for injection
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
hydrALAZINE oral, tablet
  hydrochlorothiazide, hydrocortisone, hydrOXYzine
Hydrea (hydroxyurea) oral, capsule
hydrochlorothiazide oral, solution; oral, capsule; oral, tablet
  hydrALAZINE, hydroxychloroguine
hydrochlorothiazide-triamterene oral, capsule; oral, tablet
hydrocortisone injectable, suspension; injectable, solution;
      injectable, powder for injection; oral, suspension; oral,
      tablet; rectal, suspension; rectal, foam with applicator
  cortisone, hydrALAZINE, hydrocodone
hydrocortisone topical rectal, solution; rectal, cream with
      applicator; rectal, foam; rectal, ointment w/applicator;
      rectal, suppository; topical, ointment {P}; topical,
      cream; topical, solution; topical, gel; topical, lotion
hydrocortisone/neomycin/polymyxin B ophth ophthalmic,
      suspension
      **RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**
hydrocortisone/neomycin/polymyxin B otic otic, suspension;
      otic, solution
hydrocortisone/neomycin/polymyxin B topical topical, cream
hydrocortisone-acetic acid otic (acetic acid-hydrocortisone
      otic) otic, solution
HydroDIURIL (hydrochlorothiazide) oral, tablet
hydrogen peroxide topical topical, solution
hydroxychloroquine oral, tablet
  hvdrochlorothiazide
      **OPHTHALMIC EXAMS REQUIRED (REFER TO DRUG REFERENCE) **
hydroxyprogesterone intramuscular, solution
hydroxyurea oral, capsule; oral, tablet
  hvdrOXYzine
hydrOXYzine intramuscular, solution
  hydrALAZINE, hydroxyurea
      **RESTRICTED TO INJECTABLE FORMULATION ONLY**
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INSULIN 70/30 NOT APPROVED

INSULIN LISPRO NOT APPROVED

INSULIN GLARGINE NOT APPROVED

INSULIN ASPARTATE NOT APPROVED

INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM

Hypaque (diatrizoate) injectable, solution

Hypaque Meglumine (diatrizoate) injectable, solution

Hypaque-76 (diatrizoate) injectable, solution

Hyperhep (hepatitis B immune globulin) intramuscular, solution

Hyperstat (diazoxide) injectable, solution

Hytone (hydrocortisone topical) topical, ointment; topical, cream; topical, solution; topical, lotion

ibuprofen oral, suspension; oral, capsule; oral, tablet

Ifex (ifosfamide) intravenous, powder for injection

ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS

ifosfamide intravenous, powder for injection

ADMINISTERED WITH MESNA TO REDUCE HEMORRHAGIC CYSTITIS

Ilotycin (erythromycin ophthalmic) ophthalmic, ointment
imatinib oral, capsule; oral, tablet

imipramine intramuscular, solution; oral, tablet

amitriptyline, desipramine

PHYSICIAN USE ONLY

PILL LINE ONLY

NOT TO BE ROUTINELY USED AS A SLEEP AGENT

RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT

Imitrex (sumatriptan) subcutaneous, solution

INJECTABLE FORMULATION APPROVED ONLY

PHYSICIAN USE ONLY

CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED

immune globulin intramuscular intramuscular, solution

Imodium (loperamide) oral, capsule

Indocin

Elmiron, Imdur, Tenormin

inamrinone intravenous, solution

Inapsine (droperidol) injectable, solution

Lanoxin

Inderal (propranolol) intravenous, solution; oral, tablet

Adderall, Haldol, Isordil, Toradol

 $\begin{tabular}{ll} \textbf{Inderal LA} & (\texttt{propranolol}) & \texttt{oral}, & \texttt{capsule}, & \texttt{extended release} \\ \end{tabular}$

Imdur

indinavir oral, capsule; oral, tablet

Denavir

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

Imodium

Infed (iron dextran) injectable, solution

influenza virus vaccine, inactivated intramuscular, suspension

tuberculin purified protein derivative (PPD)

PILL LINE ONLY

Inocor I. V. (inamrinone) intravenous, solution

insulin isophane subcutaneous, injection

HUMAN INSULIN ONLY

INSULIN 70/30 NOT APPROVED

INSULIN GLARGINE NOT APPROVED

INSULIN LISPRO NOT APPROVED

INSULIN ASPARTATE NOT APPROVED

insulin regular injectable, solution

HUMAN INSULIN ONLY

INSULIN 70/30 NOT APPROVED

INSULIN GLARGINE NOT APPROVED

INSULIN LISPRO NOT APPROVED

INSULIN ASPARTATE NOT APPROVED

insulin zinc subcutaneous, injection

HUMAN INSULIN ONLY

INSULIN 70/30 NOT APPROVED

INSULIN GLARGINE NOT APPROVED

INSULIN LISPRO NOT APPROVED

INSULIN ASPARTATE NOT APPROVED

insulin zinc extended subcutaneous, injection

HUMAN INSULIN ONLY

INSULIN 70/30 NOT APPROVED

INSULIN GLARGINE NOT APPROVED

INSULIN LISPRO NOT APPROVED

insulin, lente (insulin zinc) subcutaneous, injection **HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED** insulin, NPH (insulin isophane) subcutaneous, injection **HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED** insulin, ultralente (insulin zinc extended) subcutaneous, injection **HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED** **INSULIN LISPRO NOT APPROVED** **INSULIN ASPARTATE NOT APPROVED** Intal (cromolyn) inhalation, solution Intal Inhaler (cromolyn) inhalation, aerosol with adapter interferon alfa-2a injectable, solution; injectable, powder for **MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT** **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING: http://www.fda.gov/cder/Offices/ODS/labeling.htm** interferon alfa-2b injectable, solution; injectable, powder for injection **MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT** interferon alfa-2b-ribavirin oral and injectable, kit **MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT** Intron A (interferon alfa-2b) injectable, solution; injectable, powder for injection **MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT** Intropin (DOPamine) intravenous, solution Invirase (saquinavir) oral, tablet Fortovase **PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION** iodine topical topical, solution

INSULIN ASPARTATE NOT APPROVED

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codeine. Lodine
iohexol injectable, solution
iopanoic acid oral, tablet
Iopidine (apraclonidine ophthalmic) ophthalmic, solution
      **OPHTHALMOLOGIST USE ONLY**
iothalamate injectable, solution
ioversol injectable, solution
ipratropium inhalation, solution; inhalation, aerosol
ipratropium nasal nasal, spray
ipratropium-albuterol (albuterol-ipratropium) inhalation,
      solution; inhalation, aerosol with adapter
irinotecan intravenous, solution
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
iron dextran injectable, solution
iron polysaccharide oral, elixir; oral, capsule; oral, tablet
      **RESTRICTED TO DIALYSIS PATIENTS**
ISMO (isosorbide mononitrate) oral, tablet
   ■ Isordil
isoflurane inhalation, liquid
      **MEDICAL REFERRAL CENTER USE ONLY**
isoniazid intramuscular, solution; oral, syrup; oral, tablet
      **PILL LINE ONLY**
isopropyl alcohol topical topical, liquid; topical, pad
      **CLINIC USE ONLY, NOT TO BE ISSUED TO INMATE**
isoproterenol inhalation, solution; inhalation, aerosol;
      inhalation, aerosol with adapter; intravenous, solution
Isoptin (verapamil) oral, tablet
Isoptin SR (verapamil) oral, tablet, extended release
Isopto Atropine (atropine ophthalmic) ophthalmic, solution
Isopto Carpine (pilocarpine ophthalmic) ophthalmic, solution
  Propine
      **ONLY OPHTHALMIC PREPARATION APPROVED, TABLETS NOT
      APPROVED**
Isopto Homatropine (homatropine ophthalmic) ophthalmic,
Isordil (isosorbide dinitrate) sublingual, tablet
  Inderal, ISMO
Isordil Titradose (isosorbide dinitrate) oral, tablet
isosorbide dinitrate oral, capsule, extended release; oral,
      tablet; oral, tablet, chewable; oral, tablet, extended
      release; sublingual, tablet
  isosorbide mononitrate
isosorbide mononitrate oral, tablet; oral, tablet, extended
      release
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Isuprel HCl (isoproterenol) inhalation, solution; intravenous,

isosorbide dinitrate

solution

Isuprel Mistometer (isoproterenol) inhalation, aerosol

itraconazole intravenous, kit; oral, solution; oral, capsule

**RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS,

ASPERGILLOSIS, AND SYSTEMIC MYCOSIS**

NOT APPROVED FOR ONYCHOMYCOSIS

Kaletra (lopinavir-ritonavir) oral, capsule; oral, liquid

Keppra, Levitra

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

kaolin-pectin oral, suspension

Kaopectate (bismuth subsalicylate) oral, suspension

Kayexalate

Kayexalate (sodium polystyrene sulfonate) compounding, powder

Kaopectate, potassium acetate

K-Dur 10 (potassium chloride) oral, tablet, extended release

Cardura, Imdur, K-Lor

 $K ext{-}Dur$ 20 (potassium chloride) oral, tablet, extended release

© Cardura, Imdur, K-Lor

Keflex (cephalexin) oral, capsule

Kefzol, Norflex

Kefzol (cefazolin) injectable, powder for injection

Cefzil, Keflex, Kefurox

Kenalog (triamcinolone topical) topical, ointment; topical,

cream; topical, lotion

Ketalar

Keppra (levetiracetam) oral, solution; oral, tablet

Kaletra

**RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE

DISORDERS**

**PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.

BIPOLAR) **

Keralyt (salicylic acid topical) topical, gel

Ketalar (ketamine) injectable, solution

Kenalog

MEDICAL REFERRAL CENTER USE ONLY

ketamine compounding, powder; injectable, solution

MEDICAL REFERRAL CENTER USE ONLY

ketoconazole compounding, powder; oral, tablet

NOT APPROVED FOR ONYCHOMYCOSIS

ketoconazole topical topical, cream; topical, shampoo

NOT APPROVED FOR ONYCHOMYCOSIS

ketorolac injectable, solution

ketotifen ophthalmic

ORAL FORMULATION NOT APPROVED

LIMITED TO 5 DAYS ONLY - NON-RENEWABLE

PHYSICIAN/DENTIST USE ONLY

OPHTHALMIC FORMULATION NOT APPROVED

Kinevac (sincalide) intravenous, powder for injection

Klonopin (clonazepam) oral, tablet

clonazepam, clonidine

PHYSICIAN USE ONLY

PILL LINE ONLY

**ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE

WITHOUT NON-FORMULARY APPROVAL**

**IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER:

180 DAY MEDICATION ORDERS MAY BE WRITTEN**

**BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN

NON-BENZODIZEPINES HAVE BEEN INEFFECTIVE AND ARE NON-RENEWABLE**

NON-KENEWABLE""

IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION

**IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD

BE PULLED APART AND ADMINISTERED IN POWDER FORM**

Klotrix (potassium chloride) oral, tablet, extended release

Konsyl Fiber (polycarbophil) oral, tablet

K-Phos Neutral (potassium phosphate-sodium phosphate) oral,

tablet

Neutra-Phos-K

K-Tab (potassium chloride) oral, tablet, extended release

Ku-Zyme (pancrelipase) oral, capsule

Kwell topical, shampoo

SHAMPOO NOT APPROVED

**DO NOT USE IN PATIENTS WITH SEIZURE DISORDER, OPEN

WOUNDS, CHRONIC ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES**

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION

DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

Kytril (granisetron) intravenous, solution; oral, solution;

oral, tablet

**RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND

RADIATION USE ONLY**

RESTRICTED TO MEDICAL REFERRAL CENTERS

labetalol intravenous, solution; oral, tablet

Lamictal

Lacri-Lube S.O.P. (ocular lubricant) ophthalmic, ointment

Surgilube

Lactated Ringers (LVP solution) intravenous, solution

lactulose oral, syrup

Lamictal (lamotrigine) oral, tablet

Tamocrigine, orar, cablec

■ labetalol, Lamisil, Lomotil, Ludiomil

**RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE

DISORDERS**

**PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) **

lamivudine oral, solution; oral, tablet

lamotrigine, zidovudine

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES

lamivudine-abacavir (abacavir-lamivudine) oral, tablet

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

lamivudine-zidovudine oral, tablet

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

lamotrigine oral, tablet

lamivudine

t.ablet.

RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS

**PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) **

Lanoxin (digoxin) injectable, solution; oral, elixir; oral,
 tablet

Inapsine, Lasix, levothyroxine, Levoxyl, Levsin, Lomotil, Lonox, Lovenox, Xanax

laryngotracheal anaesthesia kit (LTA Kit) other, other
Lasix (furosemide) injectable, solution; oral, liquid; oral,

Lanoxin, Lomotil, Luvox

latanoprost ophthalmic ophthalmic, solution

OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY

Lente insulin (insulin zinc) subcutaneous, injection

insulin lispro, Lantus

HUMAN INSULIN ONLY

INSULIN 70/30 NOT APPROVED

INSULIN GLARGINE NOT APPROVED

INSULIN LISPRO NOT APPROVED

INSULIN ASPARTATE NOT APPROVED

Lescol (fluvastatin) oral, capsule

RESTRICTED TO PATIENTS TAKING PROTEASE INHIBITORS

NOT APPROVED FOR BID DOSING

EXTENDED RELEASE NOT APPROVED

leucovorin intravenous, powder for injection; oral, tablet

Leukeran, Leukine, levothyroxine

Leukeran (chlorambucil) oral, tablet

Alkeran, leucovorin, Leukine

Leukine (sargramostim) intravenous, solution; intravenous, powder for injection

leucovorin, Leukeran

RESTRICTED TO MEDICAL REFERRAL CENTERS

leuprolide intramuscular, kit; intramuscular, powder for
 injection; subcutaneous, solution; subcutaneous, kit

UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL

REFER TO PARAPHILIA TREATMENT GUIDELINE

levalbuterol inhalation, aerosol with adapter

levamisole oral, tablet

levetiracetam oral, solution; oral, tablet

RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS

**PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) **

carbidopa

levonorgestrel-ethinyl estradiol (ethinyl estradiol-

levonorgestrel) oral, tablet

morgestrel-ethinyl estradiol

Levophed Bitartrate (norepinephrine) intravenous, solution Levothroid (levothyroxine) injectable, powder for injection; oral, tablet

NON-SUBSTITUTABLE--USE LEVOTHROID ONLY

levothyroxine injectable, powder for injection; oral, tablet

Lanoxin, leucovorin, liothyronine

NON-SUBSTITUTABLE--USE LEVOTHROID ONLY

Lexiva (fosamprenavir) oral, tablet

PHYSICIAN INITIATION ONLY

HIV MEDICATION DISTRIBUTION RESTRICTION

Lidex (fluocinonide topical) topical, ointment; topical, cream; topical, solution; topical, gel

lidocaine injectable, solution

lidocaine topical mucous membrane, solution; topical, ointment;
 topical, cream; topical, solution; topical, gel; topical,
 lotion; topical, film; topical, liquid

Lidocaine Viscous (lidocaine topical) mucous membrane, solution

Lidoderm (lidocaine topical) topical, film lindane topical topical, lotion; topical, liquid **SHAMPOO NOT APPROVED** **DO NOT USE IN PATIENTS WITH SEIZURE DISORDER, OPEN WOUNDS, CHRONIC ACTIVE LIVER DISEASE, OR IN PREGNANT FEMALES** **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING: http://www.fda.gov/cder/Offices/ODS/labeling.htm** liothyronine intravenous, solution; oral, tablet levothyroxine lisinopril oral, tablet benazepril, enalapril, fosinopril, quinapril, Risperdal **NOT APPROVED FOR TWICE DAILY DOSING** lithium oral, syrup; oral, capsule; oral, tablet; oral, tablet, extended release **PHYSICIAN USE ONLY** **PILL LINE ONLY** Lithobid (lithium) oral, tablet, extended release Levbid, Lithostat **PHYSICIAN USE ONLY** **PILL LINE ONLY** Lithotabs (lithium) oral, tablet **PHYSICIAN USE ONLY** **PILL LINE ONLY** lomustine oral, capsule Loniten (minoxidil) oral, tablet Lotensin loperamide oral, capsule lorazepam Lopid (gemfibrozil) oral, tablet Levbid, Lorabid, Slo-Bid Gyrocaps lopinavir-ritonavir oral, capsule; oral, liquid ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Lopressor (metoprolol) injectable, solution; oral, tablet **METOPROLOL XL (SUCCINATE) NOT APPROVED** lorazepam injectable, solution; oral, concentrate; oral, tablet alprazolam, clonazepam, diazepam, loperamide, midazolam, temazepam **PHYSICIAN USE ONLY** **PILL LINE ONLY** **ORDERS MAY NOT EXCEED 30 DAYS AND ARE NON-RENEWABLE WITHOUT NON-FORMULARY APPROVAL** **IF APPROVED BY CENTRAL OFFICE FOR USE IN SEIZURE ORDER:

180 DAY MEDICATION ORDERS MAY BE WRITTEN** **BENZODIAZEPINES HYPNOTIC USE IS LIMITED TO 7 DAYS WHEN NON-BENZODIZEPINES HAVE BEEN INEFFECTIVE AND ARE NON-RENEWABLE** **RECOMMEND ALL INSTITUTIONS STOCK INJECTABLE LORAZEPAM, INJECTABLE BENZTROPINE, AND INJECTABLE HALOPERIDOL & THAT IT BE ACCESSIBLE FOR PSYCHIATRIC EMERGENCIES** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM** Lotrimin (clotrimazole topical) topical, cream; topical, solution; topical, lotion Lotrisone lovastatin oral, tablet Lotensin **NOT APPROVED FOR TWICE DAILY DOSING** **LONG ACTING FORMULATION NOT APPROVED** Lovenox (enoxaparin) subcutaneous, solution Avonex, Lanoxin, Levaquin, Lotronex, Luvox loxapine intramuscular, solution; oral, capsule; oral, concentrate Lexapro **PHYSICIAN USE ONLY** **PILL LINE ONLY** Loxitane (loxapine) oral, capsule Soriatane **PHYSICIAN USE ONLY** **PILL LINE ONLY** Loxitane IM (loxapine) intramuscular, solution **PHYSICIAN USE ONLY** **PILL LINE ONLY** Lugols Solution (iodine topical) topical, solution Lupron (leuprolide) subcutaneous, solution; subcutaneous, kit **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE** Lupron Depot (leuprolide) intramuscular, kit; intramuscular, powder for injection **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL** **REFER TO PARAPHILIA TREATMENT GUIDELINE** Lvsodren (mitotane) oral, tablet Maalox Antacid Antigas Regular Strength (Al hydroxide/Mg hydroxide/simethicone) oral, suspension

Maalox Max (Al hydroxide/Mg hydroxide/simethicone) oral,

suspension {P}

Maalox Plus Extra Strength (Al hydroxide/Mg

hydroxide/simethicone) oral, suspension; oral, tablet, chewable

Macrobid (nitrofurantoin) oral, capsule

Macrodantin (nitrofurantoin) oral, capsule

magnesium citrate oral, liquid; oral, tablet

magnesium sulfate

magnesium hydroxide oral, suspension; oral, concentrate; oral,
 tablet, chewable

magnesium hydroxide-aluminum hydroxide (aluminum hydroxidemagnesium hydroxide) oral, suspension; oral, tablet; oral, tablet, chewable

magnesium oxide oral, capsule; oral, tablet

magnesium sulfate compounding, powder; injectable, solution;
 intravenous, solution

magnesium citrate

EPSOM SALTS NOT APPROVED

Magnevist (gadopentetate dimeglumine) injectable, solution

Mag-Ox 400 (magnesium oxide) oral, tablet

Mandelamine (methenamine) oral, tablet

mannitol intravenous, solution; irrigation, solution

Marcaine HCl (bupivacaine) injectable, solution

Matulane (procarbazine) oral, capsule

Maxitrol (dexamethasone/neomycin/polymyxin B ophthalmic)

ophthalmic, suspension; ophthalmic, ointment

RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY

Maxzide (hydrochlorothiazide-triamterene) oral, tablet

Maxzide-25 (hydrochlorothiazide-triamterene) oral, tablet

measles/mumps/rubella virus vaccine subcutaneous, powder for injection

mebendazole oral, tablet, chewable

mechlorethamine injectable, powder for injection

meclizine oral, tablet

Mediplast (salicylic acid topical) topical, pad

Medrol (methylPREDNISolone) oral, tablet

medroxyPROGESTERone intramuscular, suspension; oral, tablet

methylPREDNISolone, metolazone

MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE

ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR

**ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL

THERPAY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR **

UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL

REFER TO PARAPHILIA TREATMENT GUIDELINE

megestrol oral, suspension; oral, tablet

melphalan intravenous, powder for injection; oral, tablet

Mellaril, Myleran

Menest (esterified estrogens) oral, tablet

meperidine injectable, solution; intravenous, solution

methadone, morphine

ORAL FORMULATION NOT APPROVED

PHYSICIAN/DENTIST USE ONLY

ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT

PILL LINE ONLY

IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION

IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM

Mephyton (phytonadione) oral, tablet

mepivacaine injectable, solution

mercaptopurine oral, tablet

mesalamine compounding, powder; oral, capsule, extended
 release; oral, enteric coated tablet; rectal, enema;
 rectal, suppository

sulfasalazine

USE IN SULFASALAZINE FAILURE OR ALLERGY

mesna injectable, solution; intravenous, kit; oral, tablet

Mesnex (mesna) injectable, solution; oral, tablet

Mestinon Timespan (pyridostigmine) oral, tablet, extended release

mestranol-norethindrone oral, tablet

Metaprel (metaproterenol) inhalation, solution

ORAL FORMULATION NOT APPROVED

metaproterenol inhalation, solution; inhalation, aerosol;

inhalation, aerosol with adapter

ORAL FORMULATION NOT APPROVED
metformin oral, solution; oral, tablet; oral, tablet, extended

release metronidazole

EXTENDED RELEASE TABLET NOT APPROVED

methadone injectable, solution; oral, solution; oral, concentrate; oral, tablet meperidine, methylphenidate **REFER TO PHARMACY PROGRAM STATEMENT FOR METHADONE MAINTENANCE, DETOX, & LICENSING** **METHADONE LICENSE NOT NEEDED IF PRESCRIBED FOR PAIN (ONGOING DOCUMENTATION REQUIRED) ** **INITIATION OF PAIN MANAGEMENT THERAPY RESTRICTED TO MEDICAL REFERRAL CENTERS (MRC'S) ONLY** **PATIENTS ARRIVING AT AN INSTITUTION ON METHADONE FOR PAIN, FROM OTHER THAN A BOP MEDICAL CENTER, SHOULD CONSIDER CONVERTING TO AN EQUIANALGESIC DOSE OF ANOTHER FORMULARY OPIATE** **PHYSICIAN USE ONLY** **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **PILL LINE ONLY, TABLETS MUST BE CRUSHED AND MIXED WITH WATER AT TIME OF ADMINISTRATION** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM** methenamine oral, tablet Methergine (methylergonovine) injectable, solution; oral, tablet. brethine methimazole oral, tablet methazolamide, metolazone methotrexate injectable, solution; injectable, powder for injection; oral, tablet methohexital, metolazone methoxsalen compounding, powder; injectable, solution; oral, capsule methoxsalen topical topical, lotion methyldopa intravenous, solution; oral, suspension; oral, tablet levodopa **PREFERRED AGENT FOR HYPERTENSION OF PREGNANCY, PRE-ECLAMPSIA, ECLAMPSIA** methylene blue injectable, solution; oral, tablet methylergonovine injectable, solution; oral, tablet methylPREDNISolone injectable, suspension; injectable, powder

for injection; oral, tablet medroxyPROGESTERone, predniSONE metoclopramide injectable, solution; oral, syrup; oral, tablet metolazone, metoprolol

metolazone oral, tablet medroxyPROGESTERone, metaxalone, methimazole, methotrexate, metoclopramide, metoprolol metoprolol injectable, solution; oral, tablet atenolol, metoclopramide, metolazone, metronidazole, misoprostol **METOPROLOL XL (SUCCINATE) NOT APPROVED** MetroGel (metronidazole topical) topical, gel MetroGel-Vaginal metronidazole intravenous, solution; intravenous, powder for injection; oral, capsule; oral, tablet; oral, tablet, extended release metformin, metoprolol, miconazole **INJECTION LIMITED TO PATIENTS THAT ARE NPO** metronidazole topical topical, gel Mevacor (lovastatin) oral, tablet **NOT APPROVED FOR TWICE DAILY DOSING** **LONG ACTING FORMULATION NOT APPROVED** mexiletine oral, capsule **CARDIOLOGIST INITIATED THERAPY ONLY** Mexitil (mexiletine) oral, capsule **CARDIOLOGIST INITIATED THERAPY ONLY** Miacalcin (calcitonin) injectable, solution Micatin Miacalcin Nasal (calcitonin) nasal, spray miconazole topical topical, ointment; topical, cream; topical, powder; topical, lotion; vaginal, cream with applicator; vaginal, suppository Micronase (glyBURIDE) oral, tablet Micro-K, Microzide midazolam injectable, solution diazepam, lorazepam **PHYSICIAN USE ONLY** **MEDICAL CENTER USE ONLY** **FOR ANESTHESIA/SURGERY USE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM** Milk of Magnesia (magnesium hydroxide) oral, suspension; oral, concentrate Minipress (prazosin) oral, capsule

minoxidil oral, tablet

fosinopril, Monopril

Minitran (nitroglycerin) transdermal, film, extended release

Mintezol (thiabendazole) oral, suspension; oral, tablet,

chewable Miochol (acetylcholine ophthalmic) intraocular, powder for reconstitution ** MEDICAL CENTER ONLY ** ** FOR ANESTHESIA/SURGERY USE ONLY ** mirtazapine oral, tablet **PHYSICIAN USE ONLY** **PILL LINE ONLY** misoprostol oral, tablet metoprolol, mifepristone Mithracin (plicamycin) intravenous, powder for injection mitomycin intravenous, powder for injection mitoxantrone mitotane oral, tablet mitoxantrone intravenous, solution mitomycin **RESTRICTED TO MEDICAL REFERRAL CENTERS** Mivacron (mivacurium) intravenous, solution mivacurium intravenous, solution M-M-R II (measles/mumps/rubella virus vaccine) subcutaneous. powder for injection Monistat 3 (miconazole topical) vaginal, cream with applicator; vaginal, suppository Monistat 7 (miconazole topical) vaginal, cream with applicator; vaginal, suppository Monistat Derm (miconazole topical) topical, cream Monoket (isosorbide mononitrate) oral, tablet Monopril morphine injectable, solution; oral, solution; oral, capsule; oral, capsule, extended release; oral, tablet; oral, tablet, extended release hydromorphone, meperidine **PHYSICIAN USE ONLY** **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM** Motrin (ibuprofen) oral, tablet MS Contin (morphine) oral, tablet, extended release OxvContin **PHYSICIAN USE ONLY** **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY

PHARMACY PROGRAM STATEMENT ** **PILL LINE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM** Mucomyst-10 (acetylcysteine) inhalation, solution Mucomyst-20 (acetylcysteine) inhalation, solution mumps virus vaccine subcutaneous, powder for injection Mumpsvax (mumps virus vaccine) subcutaneous, powder for injection mupirocin topical nasal, ointment w/applicator; topical, ointment; topical, cream **PHYSICIAN USE ONLY** Mustargen (mechlorethamine) injectable, powder for injection Mutamycin (mitomycin) intravenous, powder for injection Myambutol (ethambutol) oral, tablet **PILL LINE ONLY** Mycelex (clotrimazole topical) topical, cream; topical, solution Mvcolog-II Mvcelex Troche (clotrimazole) oral, lozenge Mycelex-7 (clotrimazole topical) vaginal, cream with applicator; vaginal, tablet Mycelex-G (clotrimazole topical) vaginal, tablet Mycobutin (rifabutin) oral, capsule mycophenolate mofetil intravenous, powder for injection; oral, suspension; oral, capsule; oral, tablet meclofenamate Mycostatin (nystatin) oral, suspension; oral, tablet Mydriacyl (tropicamide ophthalmic) ophthalmic, solution Mylanta (Al hydroxide/Mg hydroxide/simethicone) oral, suspension Mylicon Mylanta DS Fast Acting (Al hydroxide/Mg hydroxide/simethicone) oral, suspension Mylanta Fast Acting (Al hydroxide/Mg hydroxide/simethicone) oral, suspension Myleran (busulfan) oral, tablet melphalan Mylicon (simethicone) oral, liquid Myochrysine (gold sodium thiomalate) intramuscular, suspension Mysoline (primidone) oral, suspension; oral, tablet **PILL LINE ONLY**

N-acetylcysteine (acetylcysteine) inhalation, solution; intravenous, solution nadolol oral, tablet nafcillin injectable, powder for injection; intravenous, solution; oral, capsule nalbuphine injectable, solution **PHYSICIAN/DENTIST USE ONLY** **LIMITED TO 5 DAYS THERAPY** **PRE AND POST-OP THERAPY ONLY** naloxone injectable, solution nandrolone intramuscular, solution **MEDICAL REFERAL CENTER USE ONLY** **FOR ONCOLOGY USE AND HIV WASTING SYNDROME ONLY** naphazoline-pheniramine ophthalmic ophthalmic, solution Naphcon-A (naphazoline-pheniramine ophthalmic) ophthalmic, solution Naprosyn (naproxen) oral, suspension; oral, tablet Naprelan '375', Naprelan '500', Niaspan ER, Niaspan ER Starter Pack naproxen oral, suspension; oral, enteric coated tablet; oral, tablet Narcan (naloxone) injectable, solution Norcuron Nasalide (flunisolide nasal) nasal, spray Nasalcrom **NASAL FORMULATION ONLY APPROVED** Navelbine (vinorelbine) intravenous, solution **RESCTRICTED TO MEDICAL REFERRAL CENTERS** Nebcin (tobramycin) injectable, solution; injectable, powder for injection

Wubain **USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE**

COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC FORMULATION (TOBRADEX) NOT APPROVED

Nebupent (pentamidine) inhalation, powder for reconstitution; injectable, powder for injection

nedocromil inhalation, aerosol with adapter

nelfinavir oral, powder for reconstitution; oral, tablet mefazodone, nevirapine

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

Neo-Decadron (dexamethasone-neomycin ophthalmic) ophthalmic, ointment

RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY

Neo-Decadron Ocumeter (dexamethasone-neomycin ophthalmic)

ophthalmic, solution

neomycin oral, solution; oral, tablet neomycin topical topical, ointment; topical, cream neomycin-dexamethasone ophthalmic (dexamethasone-neomycin ophthalmic, ophthalmic, ointment; ophthalmic, solution

RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY

RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY neomycin-polymyxin B sulfate topical irrigation, solution Neoral (cycloSPORINE) oral, capsule; oral, liquid

Meurontin, Nizoral

Neosporin G. U. Irrigant (neomycin-polymyxin B sulfate topical) irrigation, solution

Neosporin Ophthalmic (gramicidin/neomycin/polymyxin B ophthalmic, ophthalmic, solution

OPHTHALMIC SOLUTION ONLY

neostigmine injectable, solution; oral, tablet

Neo-Synephrine (phenylephrine) injectable, solution

epinephrine, Neo-Synephrine 12 Hour, norepinephrine

NASAL PREPARATIONS NOT APPROVED

Neo-Synephrine Ophthalmic (phenylephrine ophthalmic) ophthalmic, solution

NASAL PREPARATIONS NOT APPROVED

Neutra-Phos (potassium phosphate-sodium phosphate) oral, powder for reconstitution

Neutra-Phos-K

nevirapine oral, suspension; oral, tablet

melfinavir

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

niacin oral, tablet, extended release

Niaspan ER, Niaspan ER Starter Pack

NON-SUBSTITUTABLE - USE NIASPAN™ ONLY

Niaspan ER (niacin) oral, tablet, extended release

Naprosyn, niacin

NON-SUBSTITUTABLE - USE NIASPAN™ ONLY

nicotinic acid (niacin) oral, tablet, extended release **NON-SUBSTITUTABLE - USE NIASPAN™ ONLY**

NIFEdipine oral, capsule; oral, tablet, extended release felodipine, niCARdipine, nimodipine

ADALAT CC ONLY

IMMEDIATE RELEASE NOT APPROVED

BID DOSING NOT APPROVED

**INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE

(SULAR) ** Niferex-150 (obsolete) (iron polysaccharide) oral, capsule **RESTRICTED TO DIALYSIS PATIENTS** Nilstat (nystatin) oral, suspension nisoldipine oral, tablet, extended release **BID DOSING NOT APPROVED** **INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR) ** Nitrek (nitroglycerin) transdermal, film, extended release Nitro-Bid (nitroglycerin) topical, ointment ™ Nitro-Dur Nitrodisc (nitroglycerin) transdermal, film, extended release Nitro-Dur (nitroglycerin) transdermal, film, extended release Micoderm C-Q, Nitro-Bid, Nitroquick nitrofurantoin oral, suspension; oral, capsule nitroglycerin intravenous, solution; oral, capsule, extended release; oral transmucosal, tablet, extended release; sublingual, tablet; topical, ointment; transdermal, film, extended release glycerin Nitrol (nitroglycerin) topical, ointment Nitropress (nitroprusside) intravenous, powder for injection **CHECK METABOLITES** nitroprusside intravenous, solution; intravenous, powder for injection **CHECK METABOLITES** Nitrostat (nitroglycerin) sublingual, tablet Nix Cream Rinse (permethrin topical) topical, solution **NOT APPROVED FOR PROPHYLAXIS** Nizoral (ketoconazole) oral, tablet Masarel, Neoral **NOT APPROVED FOR ONYCHOMYCOSIS** Nizoral Topical (ketoconazole topical) topical, cream; topical, shampoo **NOT APPROVED FOR ONYCHOMYCOSIS** Nolvadex (tamoxifen) oral, tablet Norvasc **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING: http://www.fda.gov/cder/Offices/ODS/labeling.htm** Norcuron (vecuronium) intravenous, powder for injection Marcan Nordette (ethinvl estradiol-levonorgestrel) oral, tablet norepinephrine intravenous, solution

norethindrone-ethinyl estradiol (ethinyl estradiolnorethindrone) oral, tablet norethindrone-mestranol (mestranol-norethindrone) oral, tablet Norinyl 1/35 (ethinyl estradiol-norethindrone) oral, tablet Norinyl 1/50 (mestranol-norethindrone) oral, tablet Normal Saline (sodium chloride) injectable, solution Normiflo (ardeparin) subcutaneous, solution Normodyne (labetalol) intravenous, solution; oral, tablet Norpace (disopyramide) oral, capsule Norpace CR (disopyramide) oral, capsule, extended release Norpramin (desipramine) oral, tablet mortriptvline **PHYSICIAN USE ONLY** **PILL LINE ONLY** **NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT** nortriptyline oral, solution; oral, capsule amitriptyline, desipramine, Norpramin **PHYSICIAN USE ONLY** **PILL LINE ONLY** **NOT TO BE ROUTINELY USED AS A SLEEP AGENT** **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID. ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT** Norvasc (amlodipine) oral, tablet Mavane, Nolvadex, Norflex, Vasotec **BID DOSING NOT APPROVED** **INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR®) ** Norvir (ritonavir) oral, solution; oral, capsule Retrovir ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Novantrone (mitoxantrone) intravenous, solution **RESTRICTED TO MEDICAL REFERRAL CENTERS** Novolin L (insulin zinc) subcutaneous, injection Movolin N, Novolin N Innolet, Novolin N PenFill **HUMAN INSULIN ONLY** **INSULIN 70/30 NOT APPROVED** **INSULIN GLARGINE NOT APPROVED**

norethindrone oral, tablet

epinephrine, Neo-Synephrine, phenylephrine

- **INSULIN LISPRO NOT APPROVED**
- **INSULIN ASPARTATE NOT APPROVED**

Novolin N (insulin isophane) subcutaneous, injection

Humulin N, Humulin N Pen, Novolin 70/30, Novolin 70/30 Innolet, Novolin 70/30 Penfill, Novolin L, Novolin R, Novolin R Innolet, Novolin R Penfill

- **HUMAN INSULIN ONLY**
- **INSULIN 70/30 NOT APPROVED**
- **INSULIN GLARGINE NOT APPROVED**
- **INSULIN LISPRO NOT APPROVED**
- **INSULIN ASPARTATE NOT APPROVED**

Novolin R (insulin regular) injectable, solution

Humulin R, Novolin N, Novolin N Innolet, Novolin N PenFill

- **HUMAN INSULIN ONLY**
- **INSULIN 70/30 NOT APPROVED**
- **INSULIN GLARGINE NOT APPROVED**
- **INSULIN LISPRO NOT APPROVED**
- **INSULIN ASPARTATE NOT APPROVED**

NPH insulin (insulin isophane) subcutaneous, injection

- **HUMAN INSULIN ONLY**
- **INSULIN 70/30 NOT APPROVED**
- **INSULIN GLARGINE NOT APPROVED**
- **INSULIN LISPRO NOT APPROVED**
- **INSULIN ASPARTATE NOT APPROVED**

Nubain (nalbuphine) injectable, solution

- Nebcin
 - **PHYSICIAN/DENTIST USE ONLY**
 - **LIMITED TO 5 DAYS THERAPY**
 - **PRE AND POST-OP THERAPY ONLY**

Nupercainal (dibucaine topical) topical, ointment; topical, cream

nutritional supplements (Ensure) oral, liquid

- **PHYSICIAN/DENTIST/DIETICIAN USE ONLY**
- **RESTRICTED TO BROKEN JAW, HUNGER STRIKE, TEMPORARY DENTAL PROCEDURES, THOSE UNABLE TO EAT SOLID FOOD AS A RESULT OF A MEDICAL OR PSYCHIATRIC CONDITION / PROCEDURE OR OTHER MEDICAL CONDITION WHEN SPECIFICALLY INDICATED**

 PILL LINE ONLY
- **MUST CONSUME PRESCRIBED DOSE AT PILL LINE**

nystatin oral, suspension; oral, lozenge; oral, capsule; oral, tablet; topical, ointment; topical, cream; topical, powder; vaginal, tablet

octreotide injectable, solution

Ocu-Flur 10 (fluorescein ophthalmic) ophthalmic, solution
ocular lubricant ophthalmic, ointment; ophthalmic, solution;

- oxcarbazepine
 - **ORAL DISINTEGRATING TABLETS NOT APPROVED**
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**

omeprazole oral, delayed release capsule; oral, enteric coated
 tablet; oral, powder for reconstitution

- esomeprazole
 - **PHYSICIAN USE ONLY**
 - **RESTRICTED TO ONCE DAILY DOSING, BID DOSING NOT ALLOWED EXCEPT FOR A ONE TIME 14 DAY ORDER WHEN TREATING H. PYLORI**
 - **RESTRICTED TO 90 DAY THERAPY, AFTER WHICH, NON-FORMULARY APPROVAL MUST BE OBTAINED, SEE NON-FORMULARY USE CRITERIA**

Omnipen-N (ampicillin) injectable, powder for injection

ORAL FORMULATION NOT APPROVED

Oncovin (vinCRIStine) intravenous, solution

- **RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY**
- **RESTRICTED TO MEDICAL REFERRAL CENTERS**

Ophthaine (proparacaine ophthalmic) ophthalmic, solution Ophthalgan (glycerin ophthalmic) ophthalmic, solution ophthalmic irrigation, extraocular ophthalmic, solution ophthalmic irrigation, intraocular ophthalmic, solution opium-belladonna (belladonna-opium) rectal, suppository

- **PHYSICIAN USE ONLY**
- **ORDER MAY NOT EXCEED 3 DAYS**
- **FOR INPATIENT USE ONLY**

Opticaine (tetracaine ophthalmic) ophthalmic, solution Opticrom (cromolyn ophthalmic) ophthalmic, solution

Orabase Plain - see gelatin & pectin & sodium

carboxymethylcellulose oral transmucosal, paste
Ortho-Novum 1/35 (ethinyl estradiol-norethindrone) oral, tablet
Ortho-Novum 1/50 (mestranol-norethindrone) oral, tablet
Ortho-Novum 7/7/7 (ethinyl estradiol-norethindrone) oral,

tablet
Os-Cal 500 (calcium carbonate) oral, tablet

Asacol

Os-Cal with D (calcium-vitamin D) oral, tablet

Asacol

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oxcarbazepine oral, suspension; oral, tablet
  olanzapine
      **RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-
      SEIZURE DISORDERS**
      **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.
      BIPOLAR) **
Oxsoralen (methoxsalen topical) topical, lotion
Oxsoralen-Ultra (methoxsalen) oral, capsule
oxybutynin oral, syrup; oral, tablet
  OxvContin
oxycodone oral, solution; oral, capsule; oral, concentrate;
      oral, tablet; oral, tablet, extended release
  oxazepam, OxvContin
      **PHYSICIAN/DENTIST USE ONLY**
      **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY
      PHARMACY PROGRAM STATEMENT**
      **PILL LINE ONLY**
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO
      BE PULLED APART AND ADMINISTERED IN POWDER FORM**
oxycodone-acetaminophen (acetaminophen-oxycodone) oral,
      solution; oral, tablet
  hydrocodone-acetaminophen, oxycodone-aspirin
      **PHYSICIAN/DENTIST USE ONLY**
      **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY
      PHARMACY PROGRAM STATEMENT**
      **PILL LINE ONLY**
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO
      BE PULLED APART AND ADMINISTERED IN POWDER FORM**
OxyContin (oxycodone) oral, tablet, extended release
  MS Contin, oxybutynin, oxycodone
      **PHYSICIAN/DENTIST USE ONLY**
      **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY
      PHARMACY PROGRAM STATEMENT**
      **PILL LINE ONLY**
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO
      BE PULLED APART AND ADMINISTERED IN POWDER FORM**
oxytocin injectable, solution
oyster shell calcium (calcium carbonate) oral, tablet; oral,
      tablet, chewable
Pacerone (amiodarone) oral, tablet
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**CARDIOLOGIST-INITIATED THERAPY ONLY IN NON-EMERGENCY
      USE**
      **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
      DISPENSING:
      http://www.fda.gov/cder/Offices/ODS/labeling.htm**
paclitaxel intravenous, solution
  docetaxel, paroxetine, Paxil
Pamelor (nortriptyline) oral, solution; oral, capsule
  Panlor SS
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
      **NOT TO BE ROUTINELY USED AS A SLEEP AGENT**
      **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES
      EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID,
      ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON
      AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN
      THE PACKAGE INSERT**
pamidronate intravenous, solution; intravenous, powder for
      injection
Pancrease (pancrelipase) oral, capsule, extended release
pancrelipase oral, capsule; oral, capsule, extended release;
      oral, delayed release capsule; oral, powder for
      reconstitution; oral, tablet; oral, tablet, extended
      release
pancuronium intravenous, solution
Paraplatin (carboplatin) intravenous, solution; intravenous,
      powder for injection
  Platinol-AO
parenteral nutrition solution intravenous, solution;
      intravenous, kit; oral, solution
Parlodel (bromocriptine) oral, capsule; oral, tablet
  pindolol, Provera
paroxetine oral, suspension; oral, tablet; oral, tablet,
      extended release
     fluoxetine, paclitaxel, pyridoxine
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
      **CR FORMULATION NOT APPROVED**
      **FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**
Pavulon (pancuronium) intravenous, solution
Paxil (paroxetine) oral, suspension; oral, tablet
  paclitaxel, Plavix, Taxol
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
      **CR FORMULATION NOT APPROVED**
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FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE

PC Pen VK (penicillin) oral, tablet

BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED

pectin-kaolin (kaolin-pectin) oral, suspension

Pegasys (peginterferon alfa-2a) subcutaneous, kit

**MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C
APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

peginterferon alfa-2a subcutaneous, kit

MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

peginterferon alfa-2b subcutaneous, powder for injection

**MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C
APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

PEG-Intron (peginterferon alfa-2b) subcutaneous, powder for injection

**MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C
APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING:

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

penicillamine oral, capsule; oral, tablet

penicillin

DISPENSING:

penicillamine

BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED

pentagastrin subcutaneous, solution

Pentam 300 (pentamidine) injectable, powder for injection

Pentasa (mesalamine) oral, capsule, extended release

USE IN SULFASALAZINE FAILURE OR ALLERGY

Pentothal (thiopental) intravenous, powder for injection;
 rectal, suspension

PHYSICIAN USE ONLY

FOR SURGERY / ANESTHESIA USE ONLY

Pen-Vee K (penicillin) oral, powder for reconstitution; oral,

tablet

BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED

Peptavlon (pentagastrin) subcutaneous, solution

Pepto-Bismol (bismuth subsalicylate) oral, suspension; oral, tablet, chewable

Percocet 5/325 (acetaminophen-oxycodone) oral, tablet

Darvocet A500, Darvocet N 100, Darvocet N 50, Percodan, Percodan-Demi

PHYSICIAN/DENTIST USE ONLY

ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT

PILL LINE ONLY

IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION

IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM

Percocet 7.5/325 (acetaminophen-oxycodone) oral, tablet

Darvocet A500, Darvocet N 100, Darvocet N 50, Percodan, Percodan-Demi

PHYSICIAN/DENTIST USE ONLY

ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT

PILL LINE ONLY

IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION

IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM

Peridex (chlorhexidine topical) mucous membrane, liquid

ORAL PREPARATION - DENTAL USE ONLY

PILL LINE ONLY - ORAL FORMULATION

Periogard (chlorhexidine topical) mucous membrane, liquid

ORAL PREPARATION - DENTAL USE ONLY

PILL LINE ONLY - ORAL FORMULATION

Periostat (doxycycline) oral, capsule; oral, tablet

PILL LINE ONLY FOR MRSA INFECTION TREATMENT

permethrin topical topical, cream; topical, solution

pyrethrins topical, pyrethrins-piperonyl butoxide topical

NOT APPROVED FOR PROPHYLAXIS

perphenazine injectable, solution; oral, concentrate; oral,
 tablet

fluphenazine

PHYSICIAN USE ONLY

PILL LINE ONLY

Persantine (dipyridamole) intravenous, solution; oral, tablet

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petrolatum topical topical, ointment
      **RESTRICTED TO DIABETICS, DIALYSIS, INPATIENS ONLY**
phenazopvridine oral, tablet
  promethazine
Phenergan (promethazine) injectable, solution; oral, syrup;
      oral, tablet; rectal, suppository
      **ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER
      ONCOLOGY PATIENT USE ONLY**
pheniramine-naphazoline ophthalmic (naphazoline-pheniramine
      ophthalmic) ophthalmic, solution
phenobarbital oral, elixir; oral, tablet
  pentobarbital
      **PHYSICIAN USE ONLY**
      **180 DAY MEDICATION ORDERS MAY BE WRITTEN WHEN
      PRESCRIBED SPECIFICALLY FOR SEIZURE DISORDERS**
      **OTHER ORDERS MAY NOT EXCEED 30 DAYS**
      **PILL LINE ONLY**
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO
      ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD
      BE PULLED APART AND ADMINISTERED IN POWDER FORM**
phenoxybenzamine oral, capsule
phentolamine injectable, powder for injection
phenylephrine injectable, solution
  morepinephrine, phenytoin
      **NASAL PREPARATIONS NOT APPROVED**
phenylephrine ophthalmic ophthalmic, solution
      **NASAL PREPARATIONS NOT APPROVED**
phenylephrine topical rectal, ointment; rectal, cream; rectal,
      suppository
phenytoin injectable, solution; oral, suspension; oral,
      capsule; oral, capsule, extended release; oral, tablet,
      chewable
  fosphenytoin, phenylephrine
      **NON-SUBSTITUTABLE -- USE DILANTIN ORAL FORMULATION ONLY**
      **USE SUSPENSION WITH CAUTION**
PhosLo (calcium acetate) oral, tablet
Phospholine Iodide (echothiophate iodide ophthalmic)
      ophthalmic, powder for reconstitution
physostigmine injectable, solution
  pvridostigmine
phytonadione injectable, solution; oral, tablet
Pilocar (pilocarpine ophthalmic) ophthalmic, solution
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**ONLY OPHTHALMIC PREPARATION APPROVED, TABLETS NOT

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APPROVED**
pilocarpine ophthalmic ophthalmic, solution
      **ONLY OPHTHALMIC PREPARATION APPROVED, TABLETS NOT
pindolol oral, tablet
  Parlodel, Plendil
piperacillin-tazobactam intravenous, solution; intravenous,
      powder for injection
      **MEDICAL CENTER USE ONLY**
piroxicam oral, capsule
Pitocin (oxytocin) injectable, solution
  Pitressin
Pitressin (vasopressin) injectable, solution
  Pitocin
Plaquenil Sulfate (hydroxychloroquine) oral, tablet
      **OPHTHALMIC EXAMS REQUIRED (REFER TO DRUG REFERENCE) **
plasma protein fraction intravenous, solution
Plasmanate (plasma protein fraction) intravenous, solution
Platinol-AQ (cisplatin) intravenous, solution
  Paraplatin
Plavix (clopidogrel) oral, tablet
  Elavil, Paxil
      **PHYSICIAN USE ONLY**
      **USE IN ASPIRIN INTOLERANCE OR FAILURE AS ANTIPLATELET
      ALTERNATIVE**
plicamycin intravenous, powder for injection
pneumococcal 23-valent vaccine injectable, solution
 meumococcal 7-valent vaccine
Pneumovax 23 (pneumococcal 23-valent vaccine) injectable,
      solution
podofilox topical topical, solution; topical, gel
Polocaine (mepivacaine) injectable, solution
  Pilocar
polycarbophil oral, tablet
Polycitra-K (citric acid-potassium citrate) oral, liquid
polyethylene glycol 3350 with electrolytes oral, powder for
      reconstitution
polymyxin B sulfate-neomycin topical (neomycin-polymyxin B
      sulfate topical) irrigation, solution
polymyxin B-bacitracin ophthalmic (bacitracin-polymyxin B
      ophthalmic, ointment
polymyxin B-bacitracin topical (bacitracin-polymyxin B topical)
      topical, ointment
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RESTRICTED TO DIALYSIS PATIENTS

capsule; oral, tablet

polysaccharide iron (iron polysaccharide) oral, elixir; oral,

Polocaine

- Polysporin (bacitracin-polymyxin B topical) topical, ointment Polysporin Ophthalmic (bacitracin-polymyxin B ophthalmic) ophthalmic, ointment

- - potassium acetate, potassium citrate, sodium bicarbonate, sodium chloride
- potassium citrate oral, liquid; oral, tablet, extended release
 potassium chloride
- potassium citrate-sodium citrate oral, tablet
- potassium iodide oral, solution; oral, liquid
- potassium phosphate-sodium phosphate oral, powder for reconstitution; oral, tablet
- povidone iodine topical topical, ointment; topical, cream; topical, solution; topical, pad; topical, soap; topical, swab
- prazosin oral, capsule
 - terazosin
- Pred Forte (prednisoLONE ophthalmic) ophthalmic, suspension
 - **RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**
 - **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE) NOT APPROVED**
- Pred Mild (prednisoLONE ophthalmic) ophthalmic, suspension
 - **RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**
 - **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE) NOT APPROVED**
- - **RESTRICTED TO OPTOMETRIST OR PHYSICIAN USE ONLY**
 - **COMBINATION SULFACETAMIDE/PREDNISOLONE OPHTHALMIC PREPARATION (BLEPHAMIDE) NOT APPROVED**
- predniSONE oral, solution; oral, tablet
 - methylPREDNISolone, Pondimin, prednisoLONE, Prilosec, primidone, pseudoephedrine
- Premarin (conjugated estrogens) oral, tablet
 - Prempro, Prevacid, Primaxin IM, Primaxin IV, Provera

- **NON-SUBSTITUTABLE -- USE PREMARIN ONLY**
- **MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE**
- **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY MEDICAL DIRECTOR**
- **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERAPY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY MEDICAL DIRECTOR**
- **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL**
- **REFER TO PARAPHILIA TREATMENT GUIDELINE**

- Prevident 5000 Plus (fluoride topical) topical, cream
 RESTRICTED TO CREAM FORMULATION ONLY
- Prilosec (omeprazole) oral, delayed release capsule
- Plendil, predniSONE, Prevacid, Prinivil, Prozac
 - **PHYSICIAN USE ONLY**
 - **RESTRICTED TO ONCE DAILY DOSING, BID DOSING NOT ALLOWED EXCEPT FOR A ONE TIME 14 DAY ORDER WHEN TREATING H. PYLORI**
 - **RESTRICTED TO 90 DAY THERAPY, AFTER WHICH, NON-
 - FORMULARY APPROVAL MUST BE OBTAINED, SEE NON-FORMULARY USE CRITERIA**
- primidone oral, suspension; oral, tablet
 - predniSONE
 - **PILL LINE ONLY**
- Prinivil (lisinopril) oral, tablet
 - Plendil, Pravachol, Prevacid, Prilosec, Prinzide, Proventil
 - **NOT APPROVED FOR TWICE DAILY DOSING**
- probenecid oral, tablet
 - Procanbid
- - prochlorperazine
- Procan SR (procainamide) oral, tablet, extended release
- Proscar
- procarbazine oral, capsule
- prochlorperazine injectable, solution; oral, syrup; oral, tablet; rectal, suppository
 - chlorproMAZINE, procainamide, promethazine
 - **PHYSICIAN USE ONLY**
 - **ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER

ONCOLOGY PATIENT USE ONLY**

- Procrit (epoetin alfa) injectable, solution
 - **DARBEPOETIN RECOMMENDED AS FIRST LINE AGENT IN DIALYSIS PATIENTS**
 - **RESTRICTED TO MEDICAL REFERRAL CENTERS**
 - **RESTRICTED TO TREATMENT OF DIALYSIS OR CANCER CHEMOTHERAPY PATIENTS**
 - **USE IN PATIENTS BEING TREATED FOR HEPATITIS WITH INTERFERON/RIBAVIRIN MUST BE DONE IN CONSULTATION WITH CENTRAL OFFICE AND HAVE NON-FORMULARY APPROVAL BEFORE INITIATING THERAPY**
- - **NOTE: USE OF PROGESTERONE IN MALE INMATES REQUIRES PRIOR APPROVAL BY MEDICAL DIRECTOR**
- - **RESTRICTED TO ORAL FORMULATION ONLY FOR OFGAN REJECTION PROPHYLAXIS**
 - **TOPICAL NOT APPROVED**
- - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
- Prolixin Decanoate (fluphenazine) injectable, solution
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
- promethazine injectable, solution; oral, syrup; oral, tablet;
 rectal, suppository
 - phenazopyridine, prochlorperazine, Promethazine VC Plain
 - **ORAL FORMULATION RESTRICTED TO MEDICAL REFERRAL CENTER ONCOLOGY PATIENT USE ONLY**
- propafenone oral, capsule, extended release; oral, tablet
 papaverine
 - **CARDIOLOGIST INITIATED THERAPY ONLY**
- proparacaine ophthalmic ophthalmic, solution
 - pilocarpine
- propofol intravenous, emulsion

- Pravachol, Propulsid
- propylthiouracil oral, tablet
 - Purinethol

Prostigmin (neostigmine) injectable, solution
Prostigmin Bromide (neostigmine) oral, tablet
protamine injectable, solution

Protonix

Protostat (metronidazole) oral, tablet

- **INJECTION LIMITED TO PATIENTS THAT ARE NPO**
- - Bentyl, Prinivil
 - ** EXTENDED-RELEASE TABLETS NOT APPROVED**

Provera (medroxyPROGESTERone) oral, tablet

- Covera-HS, Parlodel, Premarin, Procardia, Proscar
 - **MEDICAL DIRECTOR APPROVAL REQUIRED IF USED FOR GENDER CHANGE**
 - **ALL HORMONAL THERAPY BY INMATES UPON ADMISSION INTO THE BOP TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE APPROVED BY THE MEDICAL DIRECTOR**
 - **ALL DOSAGE CHANGES (INCREASE OR DECREASE) FOR HORMONAL THERPAY TO MAINTAIN SECONDARY SEXUAL CHARACTERISTICS MUST BE PRE-APPROVED BY THE MEDICAL DIRECTOR **
 - **UTILIZATION IN SEX-OFFENDOR TREATMENT REQUIRES WRITTEN MEDICAL DIRECTOR APPROVAL**
 - **REFER TO PARAPHILIA TREATMENT GUIDELINE**
- Prozac (fluoxetine) oral, solution; oral, capsule; oral, tablet
 Prilosec, Proscar, Prosom
 - **PHYSICIAN USE ONLY**
 - **ONCE A WEEK FORMULATION NOT APPROVED**
 - **FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**
 - **MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY WITH COMPLIANCE MONITORING**
 - **MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE
 - COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT**
 - **NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS**
- Purinethol (mercaptopurine) oral, tablet
 - propylthiouracil
- pyrazinamide oral, tablet
 - pvridostigmine
 - **RESTRICTED TO PILL LINE**
- Pyridium (phenazopyridine) oral, tablet
 - pyridoxine
- pyridostigmine injectable, solution; oral, syrup; oral, tablet;

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oral, tablet, extended release
  physostigmine, pyrazinamide, pyridoxine
pvridoxine oral, tablet
  paroxetine, Pyridium, pyridostigmine, pyrimethamine
pyrimethamine oral, tablet
  pvridoxine
Quinaglute Dura-Tabs (quinidine) oral, tablet, extended release
      **NON-SUBSTITUTABLE -- USE OUINAGLUTE ONLY**
quinidine injectable, solution; oral, tablet; oral, tablet,
      extended release
  guinacrine, guinine
      **NON-SUBSTITUTABLE -- USE QUINAGLUTE ONLY**
Ovar (beclomethasone) inhalation, aerosol with adapter
      **NASAL INHALERS NOT APPROVED**
ranitidine injectable, solution; intravenous, solution; oral,
      syrup; oral, tablet
  amantadine, felodipine, rimantadine
Rebetol (ribavirin) oral, solution; oral, capsule
      **PILL LINE ONLY**
      **MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C
      APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
      **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
      DISPENSING:
      http://www.fda.gov/cder/Offices/ODS/labeling.htm**
Rebetron (interferon alfa-2b-ribavirin) oral and injectable,
      kit
      **MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C
      APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
Recombivax HB (hepatitis B vaccine) intramuscular, suspension
Recombivax HB Adult (hepatitis B vaccine) intramuscular,
      suspension
Recombivax HB Dialysis Formulation (hepatitis B vaccine)
      intramuscular, suspension
Recombivax HB Pediatric/Adolescent (hepatitis B vaccine)
      intramuscular, suspension
Reglan (metoclopramide) injectable, solution; oral, syrup;
      oral, tablet
  Megace, Renagel, Robitussin
Regonal (pyridostigmine) injectable, solution
Remeron (mirtazapine) oral, tablet
  Restoril, Zemuron
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
Renagel (sevelamer) oral, capsule; oral, tablet
  Reglan
Reno-60 (diatrizoate) injectable, solution
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Reno-M-60 (diatrizoate) injectable, solution
  ■ Renografin-60
reserpine oral, tablet
  Risperdal, risperidone
      **PHYSICIAN USE ONLY**
      **FOR HYPERTENSION ONLY**
Retrovir (zidovudine) intravenous, solution; oral, syrup; oral,
      capsule; oral, tablet
  Morvir, ritonavir
      **PHYSICIAN INITIATION ONLY**
      **HIV MEDICATION DISTRIBUTION RESTRICTION**
Reversol (edrophonium) injectable, solution
Reyataz (atazanavir) oral, capsule
      ** PHYSICIAN INITIATION ONLY **
      ** HIV MEDICATION DISTRIBUTION RESTRICTION **
R-Gene 10 (arginine) intravenous, solution
RHo (D) immune globulin intramuscular, solution
RhoGAM (RHo (D) immune globulin) intramuscular, solution
Ribasphere (ribavirin) oral, capsule
      **PILL LINE ONLY**
      **MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C
      APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
      **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
      http://www.fda.gov/cder/Offices/ODS/labeling.htm**
ribavirin inhalation, powder for reconstitution; compounding,
      powder; oral, solution; oral, capsule; oral, tablet
      **PILL LINE ONLY**
      **MEDICAL DIRECTOR APPROVAL REQUIRED ON HEPATITIS C
      APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
      **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
      http://www.fda.gov/cder/Offices/ODS/labeling.htm**
ribavirin-interferon-alfa-2a (interferon alfa-2b-ribavirin)
      oral and injectable, kit
      **MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C
      APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
rifabutin oral, capsule
  rifampin
Rifadin (rifampin) oral, capsule
  Rifater
      **PILL LINE ONLY**
      **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
Rifadin IV (rifampin) intravenous, powder for injection
      **PILL LINE ONLY**
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PILL LINE ONLY FOR MRSA INFECTION TREATMENT

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rifampin intravenous, powder for injection; oral, capsule
  ramipril, rifabutin
      **PILL LINE ONLY**
      **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
Rimactane (rifampin) oral, capsule
      **PILL LINE ONLY**
      **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
Risperdal (risperidone) oral, solution; oral, tablet
  🥶 estradiol, lisinopril, Pediapred, Requip, reserpine,
      Restoril, risperidone
      **ORAL DISINTEGRATING TABLETS NOT APPROVED**
      **PILL LINE ONLY**
      **PHYSICIAN USE ONLY**
Risperdal Consta (risperidone) intramuscular, kit
      **ORAL DISINTEGRATING TABLETS NOT APPROVED**
      **PILL LINE ONLY**
      **PHYSICIAN USE ONLY**
risperidone intramuscular, kit; oral, solution; oral, tablet
  biperiden, reserpine, risedronate, Risperdal,
      ropinirole
      **ORAL DISINTEGRATING TABLETS NOT APPROVED**
      **PILL LINE ONLY**
      **PHYSICIAN USE ONLY**
ritodrine intravenous, solution
ritonavir oral, solution; oral, capsule
  Retrovir
      ** PHYSICIAN INITIATION ONLY **
      ** HIV MEDICATION DISTRIBUTION RESTRICTION **
ritonavir-lopinavir (lopinavir-ritonavir) oral, capsule; oral,
      liquid
      ** PHYSICIAN INITIATION ONLY **
      ** HIV MEDICATION DISTRIBUTION RESTRICTION **
Rituxan (rituximab) intravenous, solution
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
rituximab intravenous, solution
  infliximab
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
Robinul (glycopyrrolate) injectable, solution; oral, tablet
  Reminvl
Rocaltrol (calcitriol) oral, capsule {P}; oral, liquid
      **ORAL ROUTE PREFERRED**
Rocephin (ceftriaxone) injectable, powder for injection;
      intravenous, solution
  Ceftin
Roferon-A (interferon alfa-2a) injectable, solution;
      injectable, powder for injection
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**MEDICAL DIRECTOR APPROVAL REQUIRED VIA HEPATITIS C
      APPROVAL ALGORITHM FOR ALL HEPATITIS C TREATMENT**
      **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION
      DISPENSING:
      http://www.fda.gov/cder/Offices/ODS/labeling.htm**
Romazicon (flumazenil) intravenous, solution
Rowasa (mesalamine) rectal, enema; rectal, suppository
      **USE IN SULFASALAZINE FAILURE OR ALLERGY**
Roxicet (acetaminophen-oxycodone) oral, solution; oral, tablet
  Roxanol, Roxicodone
      **PHYSICIAN/DENTIST USE ONLY**
      **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY
      PHARMACY PROGRAM STATEMENT**
      **PILL LINE ONLY**
      **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED
      SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
      **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO
      BE PULLED APART AND ADMINISTERED IN POWDER FORM**
Rufen (ibuprofen) oral, tablet
Rythmol (propafenone) oral, tablet
      **CARDIOLOGIST INITIATED THERAPY ONLY**
Rythmol SR (propafenone) oral, capsule, extended release
      **CARDIOLOGIST INITIATED THERAPY ONLY**
salicylic acid topical topical, gel; topical, pad
saliva substitutes oral, spray; oral, solution
salsalate oral, tablet
   sulfasalazine
Sandimmune (cycloSPORINE) injectable, solution; oral, solution;
      oral, capsule
Sandostatin (octreotide) injectable, solution
Santyl (collagenase topical) topical, ointment
saguinavir oral, tablet
      **PHYSICIAN INITIATION ONLY**
      **HIV MEDICATION DISTRIBUTION RESTRICTION**
sargramostim intravenous, solution; intravenous, powder for
      injection
      **RESTRICTED TO MEDICAL REFERRAL CENTERS**
scopolamine injectable, solution; oral, tablet; transdermal,
      film, extended release
Sebutone (coal tar/salicylic acid/sulfur topical) topical,
      shampoo
      **RESTRICTED TO SEBORRHEA AND PSORIASIS**
secretin intravenous, powder for injection
selegiline oral, capsule; oral, tablet
 Salagen, Serentil, sertraline, Serzone
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selenium sulfide topical topical, shampoo

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Selsun (selenium sulfide topical) topical, shampoo
senna oral, syrup; oral, liquid; oral, tablet
  Soma Soma
Senokot (senna) oral, syrup; oral, tablet
  Depakote, Sinemet
Sensipar (cinacalcet) oral, tablet
      **RESTRICTED TO DIALYSIS PATIENTS ONLY**
Sensorcaine (bupivacaine) injectable, solution
Septra (sulfamethoxazole-trimethoprim) oral, suspension; oral,
      tablet
      **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
Septra DS (sulfamethoxazole-trimethoprim) oral, tablet
      **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
sertraline oral, concentrate; oral, tablet
  selegiline, Serentil, Seroquel, Serzone, Soriatane
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
      **FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE**
      **MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY
      WITH COMPLIANCE MONITORING**
      **MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE
      COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT**
      **NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN
      TO PILL LINE STATUS ON A CASE BY CASE BASIS**
sevelamer oral, capsule; oral, tablet
sevoflurane inhalation, liquid
Silvadene (silver sulfADIAZINE topical) topical, cream
silver nitrate ophthalmic ophthalmic, solution
silver nitrate topical topical, stick
silver sulfADIAZINE topical topical, cream
simethicone oral, liquid; oral, tablet; oral, tablet, chewable
simvastatin oral, tablet
      **PHYSICIAN USE ONLY**
      **NOT APPROVED FOR TWICE DAILY DOSING**
sincalide intravenous, powder for injection
Sinemet (carbidopa-levodopa) oral, tablet
  Senokot, Sinemet CR
Sinemet CR (carbidopa-levodopa) oral, tablet, extended release
  Sinemet
Sinequan (doxepin) oral, capsule; oral, concentrate
  Serentil, Seroquel, Serzone, Singulair
      **PHYSICIAN USE ONLY**
      **PILL LINE ONLY**
      **NOT TO BE ROUTINELY USED AS A SLEEP AGENT**
      **RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES
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EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID. ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT** Slow-K (potassium chloride) oral, tablet, extended release Slow Fe sodium bicarbonate intravenous, solution; oral, tablet potassium chloride, sodium chloride sodium biphosphate-sodium phosphate oral, solution; rectal, enema sodium chloride inhalation, solution; injectable, solution; intravenous, solution; irrigation, solution potassium chloride, sodium bicarbonate Sodium Chloride intravenous (LVP solution) intravenous, solution sodium citrate-citric acid (citric acid-sodium citrate) oral, solution **USE RESTRICTED TO CHRONIC RENAL DISEASE** sodium citrate-potassium citrate (potassium citrate-sodium citrate) oral, tablet sodium ferric gluconate complex intravenous, solution sodium hyaluronate intra-articular, solution sodium hyaluronate ophthalmic intraocular, liquid sodium nitroprusside (nitroprusside) intravenous, solution; intravenous, powder for injection **CHECK METABOLITES** sodium phosphate-potassium phosphate (potassium phosphatesodium phosphate) oral, powder for reconstitution; oral, tablet sodium phosphate-sodium biphosphate (sodium biphosphate-sodium phosphate) oral, solution; rectal, enema sodium polystyrene sulfonate oral, suspension sodium salicylate oral, enteric coated tablet **INITIATE THERAPY ONLY AFTER LOVASTATIN FAILURE AT MAX DOSE**Solu-Cortef (hydrocortisone) injectable, powder for injection Solu-Medrol Solu-Medrol (methylPREDNISolone) injectable, powder for injection ■ Depo-Medrol, Solu-Cortef sorbitol compounding, powder; irrigation, solution; oral, Sorbitrate (isosorbide dinitrate) oral, tablet; oral, tablet, chewable; sublingual, tablet sotalol oral, tablet **CARDIOLOGIST INITIATED THERAPY ONLY**

Spiriva (tiotropium) inhalation, capsule

spironolactone oral, tablet

- - **RESTRICTED TO HISTOPLASMOSIS, BLASTOMYCOSIS,
 - ASPERGILLOSIS, AND SYSTEMIC MYCOSIS**
 - **NOT APPROVED FOR ONYCHOMYCOSIS**
- SSD (silver sulfADIAZINE topical) topical, cream
- Stadol (butorphanol) injectable, solution
 - Haldol, Toradol
 - **NASAL SPRAY NOT APPROVED**
 - **PHYSICIAN/DENTIST USE ONLY**
 - **LIMITED TO 5 DAYS THERAPY**
 - **LIMITED TO PRE AND POST-OP THERAPY ONLY**
 - **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOUL BE PULLED APART AND ADMINISTERED IN POWDER FORM **
- stavudine oral, capsule; oral, capsule, extended release; oral,
 powder for reconstitution
 - ** PHYSICIAN INITIATION ONLY **
 - ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- Stelazine (trifluoperazine) intramuscular, solution; oral, concentrate; oral, tablet
 - **PHYSICIAN USE ONLY**
 - **PILL LINE ONLY**
- sterile water inhalation, solution; injectable, solution; intravenous, solution; irrigation, solution
- Streptase (streptokinase) injectable, powder for injection
- streptokinase injectable, powder for injection
- streptomycin intramuscular, powder for injection
- streptozocin intravenous, powder for injection
- **RESTRICTED TO MEDICAL REFERRAL CENTERS**
- Sublimaze (fentanyl) injectable, solution
- **PHYSICIAN/DENTIST USE ONLY**
 - **ORDER MAY NOT EXCEED 3 DAYS, EXCEPT AS ALLOWED BY PHARMACY PROGRAM STATEMENT**
 - **PILL LINE ONLY**
 - **MEDICAL CENTER ONLY**
 - **PATCH MUST BE DISPOSED OF IN SHARPS CONTAINER WITH ACCOUNTABILITY FOR RETURN**
 - **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION**
 - **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM**

- sucralfate oral, suspension; oral, tablet
- Sular (nisoldipine) oral, tablet, extended release
 - **BID DOSING NOT APPROVED**
 - **INITIATE DIHYDROPYRIDINE THERAPY WITH NISOLDIPINE (SULAR) **
- Sulfacet Sodium (sulfacetamide sodium ophthalmic) ophthalmic, solution
 - **COMBINATION SULFACETAMIDE/PREDINISOLONE OPHTHALMIC FORMULATION (BLEPHAMIDE) NOT APPROVED**
- - **COMBINATION SULFACETAMIDE/PREDINISOLONE OPHTHALMIC FORMULATION (BLEPHAMIDE) NOT APPROVED**
- sulfADIAZINE oral, tablet
 - sulfasalazine
- - **PILL LINE ONLY FOR MRSA INFECTION TREATMENT**
- sulfasalazine oral, enteric coated tablet; oral, tablet
- mesalamine, salsalate, sulfADIAZINE, sulfiSOXAZOLE
- sulindac oral, tablet
- sumatriptan subcutaneous, solution
 - zolmitriptan
 - **INJECTABLE FORMULATION APPROVED ONLY**
 - **PHYSICIAN USE ONLY**
 - **CONCOMITANT PROPHYLACTIC REGIMEN REQUIRED**
- Sumycin (tetracycline) oral, suspension; oral, capsule; oral, tablet.
- sunscreen topical, lotion
 - **MAXIMUM SPF 30**
 - **RESTRICTED TO SELF/FAMILY HISTORY OF SKIN CANCER**
 - **RESTRICTED TO PATIENTS DIAGNOSED WITH ACTINIC KERATOSIS**
 - **RESTRICTED TO USE WITH PHOTOSENSITIZING MEDICATIONS**
 - **ALL OTHER INMATES ARE TO BE REFERRED TO COMMISSARY**
- Suprane (desflurane) inhalation, liquid
- Suprax (cefixime) oral, tablet
 - Surfak Stool Softener
 - **FOR QUINOLONE-RESISTANT GONOCOCCUS IN DETENTION FACILITIES**
- Surgilube (emollients, topical) topical, gel
 Lacri-Lube S.O.P.
- Sus-Phrine Injection (epinephrine) subcutaneous, suspension Sustiva (efavirenz) oral, capsule; oral, tablet
 - ** PHYSICIAN INITIATION ONLY **
 - ** HIV MEDICATION DISTRIBUTION RESTRICTION **
- Tace (chlorotrianisene) oral, capsule

tacrolimus intravenous, solution; oral, capsule **RESTRICTED TO ORAL FORMULATION ONLY FOR OFGAN REJECTION PROPHYLAXIS** **TOPICAL NOT APPROVED** tamoxifen oral, tablet Tamiflu, tamsulosin **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION http://www.fda.gov/cder/Offices/ODS/labeling.htm** Tapazole (methimazole) oral, tablet Taxol (paclitaxel) intravenous, solution Paxil, Taxotere Taxotere (docetaxel) intravenous, solution Taxol **RESTRICTED TO MEDICAL REFERRAL CENTERS** Tazicef (ceftazidime) injectable, powder for injection Tazidime (ceftazidime) injectable, powder for injection Td (tetanus-diphtheria toxoids) intramuscular, suspension Tears Naturale (ocular lubricant) ophthalmic, solution Tegretol (carbamazepine) oral, suspension; oral, tablet Toradol, Trental, Trileptal **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) ** Tegretol XR (carbamazepine) oral, tablet, extended release ■ Toprol-XL **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) ** Telepaque (iopanoic acid) oral, tablet Temovate (clobetasol topical) topical, ointment; topical, cream; topical, solution; topical, gel tenofovir oral, tablet **PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION** tenofovir-emtricitabine (emtricitabine-tenofovir) oral, tablet ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** **RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES** Tenormin (atenolol) injectable, solution; oral, tablet Imuran, thiamine, Trovan Tensilon (edrophonium) injectable, solution Tequin (gatifloxacin) intravenous, solution; oral, tablet Levaguin, Ticlid

PHYSICIAN USE ONLY **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** Terazol 3 (terconazole topical) vaginal, cream; vaginal, suppository terbutaline injectable, solution; oral, tablet terconazole topical vaginal, cream; vaginal, suppository Tessalon Perles (benzonatate) oral, capsule ** LIMITED TO FIVE DAY THERAPY** **PHYSICIAN USE ONLY** tetanus immune globulin intramuscular, solution tetanus-diphtheria toxoids intramuscular, suspension Tetanus-Diphtheria Toxoids, Adult (tetanus-diphtheria toxoids) intramuscular, suspension tetracaine injectable, solution; injectable, powder for injection tetracaine ophthalmic ophthalmic, ointment; ophthalmic, solution tetracaine topical topical, ointment; topical, cream; topical, solution tetracycline oral, suspension; oral, capsule; oral, tablet Theochron (theophylline) oral, tablet, extended release **THEOCRON ONLY -- NON-SUBSTITUTABLE** theophylline oral, tablet, extended release **THEOCRON ONLY -- NON-SUBSTITUTABLE** TheraCys (BCG) intravesical, powder for reconstitution **FOR ONCOLOGY USE AT MEDICAL CENTER ONLY** Thermazene (silver sulfADIAZINE topical) topical, cream thiabendazole oral, suspension; oral, tablet, chewable thiamine injectable, solution; oral, tablet Tenormin thioguanine oral, tablet thiopental intravenous, powder for injection; rectal, suspension **PHYSICIAN USE ONLY** **FOR SURGERY / ANESTHESIA USE ONLY** Thioplex (thiotepa) injectable, powder for injection thiotepa injectable, powder for injection thrombin topical topical, kit; topical, powder for reconstitution Thrombinar (thrombin topical) topical, kit; topical, powder for reconstitution Thyrogen (thyrotropin alpha) intramuscular, powder for injection thyrotropin alpha intramuscular, powder for injection Tiazac (diltiazem) oral, capsule, extended release

Tigan, Ziac

CARDIZEM SR NOT APPROVED

Tigan (trimethobenzamide) intramuscular, solution; oral, capsule

Tiazac

Tilade (nedocromil) inhalation, aerosol with adapter

timolol ophthalmic ophthalmic, solution; ophthalmic, gel forming solution

timolol-dorzolamide ophthalmic (dorzolamide-timolol ophthalmic) ophthalmic, solution

OPHTHALMOLOGIST INITIATION ONLY

Timoptic Ocumeter (timolol ophthalmic) ophthalmic, solution Timoptic-XE

Timoptic-XE (timolol ophthalmic) ophthalmic, gel forming solution

Timoptic Ocudose, Timoptic Ocumeter

Tinactin (tolnaftate topical) topical, cream; topical, powder; topical, spray; topical, solution

tincture of benzoin (benzoin topical) topical, tincture tiotropium inhalation, capsule

tissue plasminogen activator (alteplase) intravenous, powder for injection

Titralac (calcium carbonate) oral, tablet, chewable tobramycin inhalation, solution; injectable, solution;

injectable, powder for injection; intravenous, solution gentamicin

USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE

COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC FORMULATION (TOBRADEX) NOT APPROVED

tobramycin ophthalmic ophthalmic, ointment; ophthalmic, solution

> **USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE**

> **COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC FORMULATION (TOBRADEX) NOT APPROVED**

Tobrex (tobramycin ophthalmic) ophthalmic, ointment; ophthalmic, solution

Tobradex

USE ONLY AFTER DEMONSTRATED GENTAMYCIN FAILURE OR RESISTANCE

COMBINATION TOBRAMYCIN / DEXAMETHASONE OPHTHALMIC FORMULATION (TOBRADEX) NOT APPROVED

Tofranil (imipramine) intramuscular, solution; oral, tablet

PHYSICIAN USE ONLY **PILL LINE ONLY**

NOT TO BE ROUTINELY USED AS A SLEEP AGENT

RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT

tolnaftate topical topical, cream; topical, powder; topical, spray; topical, solution

Topamax (topiramate) oral, tablet

Toprol-XL

RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS

**PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) **

topiramate oral, tablet

torsemide

RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS

**PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) **

topotecan intravenous, powder for injection

RESTRICTED TO MEDICAL REFERRAL CENTERS

Toradol (ketorolac) injectable, solution

Foradil Aerolizer, Inderal, Stadol, Tegretol, Torecan, tramadol

ORAL FORMULATION NOT APPROVED

LIMITED TO 5 DAYS ONLY - NON-RENEWABLE

PHYSICIAN/DENTIST USE ONLY

OPHTHALMIC FORMULATION NOT APPROVED

TPA (alteplase) intravenous, powder for injection TNKase

Trandate (labetalol) intravenous, solution; oral, tablet Trental

trastuzumab intravenous, kit

RESTRICTED TO MEDICAL REFERRAL CENTERS

Travasol with Dextrose (parenteral nutrition solution) intravenous, kit

Travatan (travoprost ophthalmic, solution

OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY travoprost ophthalmic ophthalmic, solution

OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY trazodone oral, tablet

amiodarone, tramadol

PHYSICIAN USE ONLY

PILL LINE ONLY

RECOMMENDED TO BE ADMINISTERED CRUSHED, CAPSULES EMPTIED AND ADMINISTERED VIA POWDER FORM, OR LIQUID, ENSURING TABLETS TO BE CRUSHED ARE NOT LISTED ON AVAILABLE "DO NOT CRUSH" LISTS OR SPECIFICALLY STATED IN THE PACKAGE INSERT

NASAL INHALERS NOT APPROVED

triamterene oral, capsule

trimethoprim

triamterene-hydrochlorothiazide (hydrochlorothiazidetriamterene) oral, capsule; oral, tablet

Tri-Chlor (trichloroacetic acid topical) topical, liquid trichloroacetic acid topical topical, liquid

fluphenazine, trihexyphenidyl

PHYSICIAN USE ONLY

PILL LINE ONLY

trifluridine ophthalmic ophthalmic, solution

PHYSICIAN AND OPTOMETRISTS USE ONLY

trihexyphenidyl oral, elixir; oral, tablet

trifluoperazine

PHYSICIAN USE ONLY

PILL LINE ONLY

PHYSICIAN USE ONLY

PILL LINE ONLY

RESTRICTED TO PHYSICIAN USE ONLY FOR USE IN NON-SEIZURE DISORDERS

**PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G. BIPOLAR) **

Tri-Levlen (ethinyl estradiol-levonorgestrel) oral, tablet
 Ortho Tri-Cyclen

trimethobenzamide intramuscular, solution; oral, capsule;
 rectal, suppository

trimethoprim-sulfamethoxazole (sulfamethoxazole-trimethoprim)
 intravenous, solution; oral, suspension; oral, tablet

PILL LINE ONLY FOR MRSA INFECTION TREATMENT

Trizivir (abacavir/lamivudine/zidovudine) oral, tablet

** PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

**FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION

http://www.fda.gov/cder/Offices/ODS/labeling.htm**

tropicamide ophthalmic ophthalmic, solution

OPHTHALMOLOGIST INITIATION ONLY

Truvada (emtricitabine-tenofovir) oral, tablet

**PHYSICIAN INITIATION ONLY **

** HIV MEDICATION DISTRIBUTION RESTRICTION **

RESTRICTED TO HIV TREATMENT ONLY, NOT HEPATITIS. ALL TREATMENT OF CHRONIC HEPATITIS B AND HEPATITIS C INFECTION REQUIRES CENTRAL OFFICE CONSULTATION AND APPROVAL ACCORDING TO CURRENT CLINICAL PRACTICE GUIDELINES

tuberculin purified protein derivative intradermal, solution
 influenza virus vaccine inactivated, influenza virus
 vaccine live

NON-SUBSTITUTABLE -- RESTRICTED TO TUBERSOL ONLY

Tubersol (tuberculin purified protein derivative) intradermal, solution

NON-SUBSTITUTABLE -- RESTRICTED TO TUBERSOL ONLY

Tucks (glycerin-witch hazel topical) topical, pad

Tums (calcium carbonate) oral, tablet, chewable

Tums 500 (calcium carbonate) oral, tablet, chewable

Twinrix (hepatitis A-hepatitis B vaccine) intramuscular, suspension

PHYSICIAN USE ONLY

HEPATITIS A VACCINE RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE

Tylenol (acetaminophen) oral, tablet

Tylenol with Codeine, Tylenol with Codeine #2, Tylenol with Codeine #3, Tylenol with Codeine #4

Tylenol with Codeine (acetaminophen-codeine) oral, liquid
Tylenol

PHYSICIAN/DENTIST USE ONLY

ORDER MAY NOT EXCEED 30 DAYS

PILL LINE ONLY

**IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO

ADMINISTRATION**

IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM

Tylenol with Codeine #3 (acetaminophen-codeine) oral, tablet
Tylenol

PHYSICIAN/DENTIST USE ONLY

ORDER MAY NOT EXCEED 30 DAYS

PILL LINE ONLY

IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION

IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES SHOULD BE PULLED APART AND ADMINISTERED IN POWDER FORM

tyloxapol ophthalmic ophthalmic, solution

NOTE: FOR ARTIFICIAL EYES

tyropanoate oral, capsule

Ultane (sevoflurane) inhalation, liquid

Ultran

HUMAN INSULIN ONLY

INSULIN 70/30 NOT APPROVED

INSULIN GLARGINE NOT APPROVED

INSULIN LISPRO NOT APPROVED

INSULIN ASPARTATE NOT APPROVED

Ultrase (pancrelipase) oral, capsule, extended release

uracil mustard oral, capsule

APPROVED FOR GYNECOLOGICAL PROCEDURES ONLY

Urecholine (bethanechol) oral, tablet

Urocit-K (potassium citrate) oral, tablet, extended release
 Urised

urokinase intravenous, powder for injection

**5,000 IU ONLY!! -- NO OTHER DOSAGES APPROVED **

** FOR USE IN CATHETER CLEARANCE **

AUGMENTED FORMULATIONS NOT APPROVED

valproic acid injectable, solution; oral, syrup; oral, capsule
 **PILL LINE ONLY FOR USE IN PSYCHIATRIC DISORDERS (E.G.
BIPOLAR)**

Vanceril (beclomethasone) inhalation, aerosol with adapter

Vancenase

NASAL INHALERS NOT APPROVED

Vanceril DS (beclomethasone) inhalation, aerosol with adapter

Vancenase AQ

NASAL INHALERS NOT APPROVED

vancomycin intravenous, solution; intravenous, powder for
 injection; oral, capsule; oral, powder for reconstitution

azithromycin, gentamicin, vecuronium, Vibramycin

Vaqta (hepatitis A adult vaccine) intramuscular, suspension

PHYSICIAN USE ONLY

RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE, AND HCV & HIV CO-INFECTED PATIENTS

PHYSICIAN USE ONLY

RESTRICTED TO INMATES WITH CLOTTING FACTOR DISORDERS WHO ARE ADMINISTERED CLOTTING FACTOR CONCENTRATES, AND INMATES WITH CHRONIC LIVER DISEASE OR CIRRHOSIS, INCLUDING HCV INFECTION WITH UNDERLYING LIVER DISEASE

Vaseline (petrolatum topical) topical, ointment

RESTRICTED TO DIABETICS, DIALYSIS, INPATIENS ONLY

vasopressin injectable, solution

vecuronium intravenous, powder for injection

vancomycin

Velban (vinBLAStine) intravenous, powder for injection **Velvachol** (emollients, topical) topical, cream

RESTRICTED AS COMPOUNDING AGENT ONLY

venlafaxine oral, tablet

PHYSICIAN USE ONLY

PILL LINE ONLY

Ventolin (albuterol) inhalation, solution; inhalation, aerosol; inhalation, aerosol with adapter; oral, syrup; oral, tablet

Benylin, Benylin Adult Formula, Benylin DM Pediatric, Benylin Expectorant, Benylin Multi-Symptom, Benylin Multi-Symptom Cough, Benylin Pediatric, Vantin

** EXTENDED-RELEASE TABLETS NOT APPROVED**

verapamil oral, tablet; oral, tablet, extended release

Vermox (mebendazole) oral, tablet, chewable Versed (midazolam) injectable, solution Valium, VePesid, Vistaril **PHYSICIAN USE ONLY** **MEDICAL CENTER USE ONLY** **FOR ANESTHESIA/SURGERY USE ONLY** **IMMEDIATE RELEASE, NON-ENTERIC COATED, ORAL CONTROLLED SUBSTANCES ARE TO BE CRUSHED PRIOR TO ADMINISTRATION** **IMMEDIATE RELEASE CONTROLLED SUBSTANCE CAPSULES ARE TO BE PULLED APART AND ADMINISTERED IN POWDER FORM** VFEND (voriconazole) intravenous, powder for injection; oral, powder for reconstitution; oral, tablet **THERAPY MUST BE INITIATED AT MEDICAL REFERRAL CENTER** Vibramycin (doxycycline) injectable, powder for injection; oral, capsule vancomvcin **PILL LINE ONLY FOR MRSA INFECTION TREATMENT** Videx (didanosine) oral, powder for reconstitution; oral, tablet, chewable ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Videx EC (didanosine) oral, delayed release capsule ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** vinBLAStine intravenous, solution; intravenous, powder for injection vinCRIStine vinCRIStine intravenous, solution vinBLAStine vinorelbine intravenous, solution **RESCTRICTED TO MEDICAL REFERRAL CENTERS** Viokase (pancrelipase) oral, powder for reconstitution; oral, tablet Viracept (nelfinavir) oral, powder for reconstitution; oral, tablet. Viramune ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Viramune (nevirapine) oral, suspension; oral, tablet Viracept ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION DISPENSING: http://www.fda.gov/cder/Offices/ODS/labeling.htm**

Viread (tenofovir) oral, tablet **PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION** Viroptic (trifluridine ophthalmic) ophthalmic, solution **PHYSICIAN AND OPTOMETRISTS USE ONLY** Visken (pindolol) oral, tablet Vistaril IM (hydrOXYzine) intramuscular, solution **RESTRICTED TO INJECTABLE FORMULATION ONLY** **INTRAMUSCULAR BENZTROPINE IS THE DRUG OF CHOICE FOR TREATMENT OF ACUTE DYSTONIC REACTIONS, OR FOR EMERGENCY MEDICATION IN COMBINATION WITH HALOPERIDOL AND LORAZEPAM** vitamin A & D topical topical, ointment **RESTRICTED TO DIABETICS, DIALYSIS, INPATIENTS ONLY** vitamin B1 (thiamine) injectable, solution; oral, tablet Vitamin B-12 (cyanocobalamin) injectable, solution vitamin B3 (niacin) oral, tablet, extended release **NON-SUBSTITUTABLE - USE NIASPAN™ ONLY** vitamin B6 (pyridoxine) oral, tablet vitamin D3(1,25[OH]2) (calcitriol) injectable, solution; oral, capsule {P}; oral, liquid **ORAL ROUTE PREFERRED** vitamin D-calcium (calcium-vitamin D) oral, tablet vitamin K1 (phytonadione) injectable, solution; oral, tablet Vitrasert (ganciclovir ophthalmic) intraocular, implant Voltaren Ophthalmic (diclofenac ophthalmic) ophthalmic, solution **OPHTHALMIC FORMULATION APPROVED ONLY** voriconazole intravenous, powder for injection; oral, powder for reconstitution; oral, tablet **THERAPY MUST BE INITIATED AT MEDICAL REFERRAL CENTER** Vosol (acetic acid otic) otic, solution Vexol Vosol HC (acetic acid-hydrocortisone otic) otic, solution warfarin intravenous, powder for injection; oral, tablet **NON-SUBSTITUTABLE -- USE COUMADIN ONLY** witch hazel-glycerin topical (glycerin-witch hazel topical) topical, pad Wycillin (penicillin) intramuscular, suspension **BICILLIN-CR (BENZATHINE-PROCAINE) NOT APPROVED** Xalatan (latanoprost ophthalmic) ophthalmic, solution **OPHTHALMOLOGIST / OPTOMETRIST INITIATED THERAPY ONLY** Xeloda (capecitabine) oral, tablet Xero-Lube (saliva substitutes) oral, spray Xopenex HFA (levalbuterol) inhalation, aerosol with adapter X-Prep (senna) oral, syrup

Virazole (ribavirin) inhalation, powder for reconstitution

Xylocaine HCl (lidocaine) injectable, solution Xylocaine HCl For Spinal (lidocaine) injectable, solution Xylocaine Jelly (lidocaine topical) topical, gel with applicator Xylocaine Topical (lidocaine topical) topical, ointment; topical, solution Xylocaine Viscous (lidocaine topical) mucous membrane, solution **Xylose** (d-xylose) oral, powder for reconstitution Yutopar (ritodrine) intravenous, solution Zanosar (streptozocin) intravenous, powder for injection **RESTRICTED TO MEDICAL REFERRAL CENTERS** Zantac (ranitidine) injectable, solution; intravenous, solution; oral, syrup Xanax, Zofran, Zyrtec Zaroxolyn (metolazone) oral, tablet Zvprexa Zerit (stavudine) oral, capsule; oral, powder for reconstitution Zestril ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Zerit XR (stavudine) oral, capsule, extended release ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** Zestril (lisinopril) oral, tablet Vistaril, Zerit, Zetia, Zocor, Zyrtec **NOT APPROVED FOR TWICE DAILY DOSING** Ziagen (abacavir) oral, solution; oral, tablet ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** **FDA MEDICATION GUIDE REQUIRED WITH EACH PRESCRIPTION http://www.fda.gov/cder/Offices/ODS/labeling.htm** zidovudine intravenous, solution; oral, syrup; oral, capsule; oral, tablet lamivudine, zidovudine-lamivudine, ziprasidone **PHYSICIAN INITIATION ONLY** **HIV MEDICATION DISTRIBUTION RESTRICTION** zidovudine-lamivudine (lamivudine-zidovudine) oral, tablet zidovudine ** PHYSICIAN INITIATION ONLY ** ** HIV MEDICATION DISTRIBUTION RESTRICTION ** zinc oxide topical topical, ointment; topical, cream ziprasidone oral, capsule zidovudine **INJECTION NOT APPROVED**

PILL LINE ONLY **PHYSICIAN USE ONLY** Zithromax (azithromycin) intravenous, powder for injection; oral, capsule; oral, tablet Zinacef **RESTRICTED TO PHYSICIAN / DENTIST USE ONLY** Zithromax IV (azithromycin) intravenous, powder for injection **RESTRICTED TO PHYSICIAN / DENTIST USE ONLY** **Zocor** (simvastatin) oral, tablet Cozaar, Lipitor, Yocon, Zestril, Ziac, Zoloft **PHYSICIAN USE ONLY** **INITIATE THERAPY ONLY AFTER LOVASTATIN FAILURE AT MAX DOSE** **NOT APPROVED FOR TWICE DAILY DOSING** Zofran (ondansetron) injectable, solution; intravenous, solution; oral, solution; oral, tablet Zantac, Zosvn **RESTRICTED TO POST-SURGERY, CANCER CHEMOTHERAPY, AND RADIATION USE ONLY** **RESTRICTED TO MEDICAL REFERRAL CENTERS** Zoloft (sertraline) oral, concentrate; oral, tablet Zocor, Zyloprim **PHYSICIAN USE ONLY** **PILL LINE ONLY** **FLUOXETINE IS PREFERRED SSRI FOLLOWED BY SERTRALINE** **MAY DISPENSE 14 DAY SUPPLY TO PATIENT FOR SELF CARRY WITH COMPLIANCE MONITORING** **MAY INCREASE TO 30 DAY SUPPLY FOR SELF CARRY ONCE COMPLIANCE VERIFIED AFTER 3 MONTHS OF TREATMENT** **NON-COMPLIANT PATIENTS SHOULD BE EVALUATED FOR RETURN TO PILL LINE STATUS ON A CASE BY CASE BASIS** Zostrix (capsaicin topical) topical, cream Zovirax Zosyn (piperacillin-tazobactam) intravenous, solution; intravenous, powder for injection Unasyn, Zofran **MEDICAL CENTER USE ONLY** Zovirax (acyclovir) intravenous, powder for injection; oral, suspension; oral, capsule; oral, tablet ■ Zostrix, Zyvox ** OINTMENT NOT APPROVED** **Zyloprim** (allopurinol) oral, tablet ■ Zoloft.

Zymar (gatifloxacin ophthalmic) ophthalmic, solution

Zyprexa (olanzapine) intramuscular, powder for injection; oral,

PHYSICIAN USE ONLY

Federal Bureau of Prisons: Master Formulary BOP National Formulary, Last Updated: 2/27/2006

tablet

Celexa, Zaroxolyn, Zyprexa Zydis, Zyrtec

ORAL DISINTEGRATING TABLETS NOT APPROVED

PHYSICIAN USE ONLY

PILL LINE ONLY